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ABSTRACT

This document consists of two catalogues describing programs, events, and activities designed to prevent the use of alcohol and other drugs by American Indian and Alaska Native people, particularly adolescents and other young people. Together the catalogues include 61 descriptions of programs developed and implemented by the five agencies under the auspices of the Regional Centers for Drug-Free Schools and Communities Program. Program strategies include comprehensive, ongoing prevention programs, as well as annual stand-alone events that may be school- or community-based. In addition to drug and alcohol education, many programs incorporate health education, training in coping and communication skills, group and individual therapeutic activities, counseling services, camping or other outdoor activities, recreation, and cultural events and activities. Entries include contact person, target group, special features of the program, program description, and an overview of activities including program evaluation and staff training. (LP)

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ED 387 306

AN EAGLE'S VIEW

Sharing Successful American Indian/ Alaska Native Alcohol and Other Drug Prevention Programs

Volume I

The Drug-Free
Schools and Communities
Regional Centers Program

020315

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The Drug-Free Schools And Communities Regional Centers Program

AN EAGLE'S VIEW

Sharing Successful American Indian/Alaska Native Alcohol and Other Drug Prevention Programs

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by

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by
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Volume I
September 1993

From the Directors

An Eagle's View represents a truly collaborative process as the five agencies under the auspices of the Regional Centers for Drug-Free Schools and Communities Program worked diligently to put this publication together. The thirty-six programs documented in Volume I represent the commitment made by each regional center director to recognize, share, and promote alcohol and other drug prevention programs serving American Indian/Alaska Native people throughout their respective regions. It is the hope of all of us involved in this project that Volume I of ***An Eagle's View*** will provide quality information and serve as a resource of ideas and materials, in addition to expanding the networking capabilities to assist others in designing new programs or enhancing existing strategies.

The past several years have witnessed a tremendous surge of alcohol and other drug prevention strategies designed to establish healthier reservations, neighborhoods, schools and communities, families and individuals. Developed for and by American Indian/Alaska Native professionals and organizations, successful prevention and wellness-promoting programs are effectively engaging people and their communities in seeking to build and provide for a better future.

An Eagle's View is a compilation of summaries describing programs, events, and activities designed to prevent the use of alcohol and other drugs by American Indian/Alaska Native people throughout our country. Programs included in Volume I of ***An Eagle's View*** represent a significant movement in Indian country to promote wellness and support those efforts to be drug-free. ***An Eagle's View*** documents strategies that include comprehensive, ongoing prevention programs, as well as annual, stand-alone events that may be school- or community-based. From "Cherokee Challenge" in Cherokee, North Carolina to "Kalukaq-Celebration of Life" in Bethel, Alaska; "Turtle Mountain Drug-Free Schools and Communities Program" in Belcourt, North Dakota to "Center for Youth Development" in Albuquerque, New Mexico, the various programs included herein represent people, families, schools, communities, pride in heritage, and a commitment to improving the health of a nation.

We did not "evaluate" programs for inclusion in this book. We defined "successful" as something that "worked well" and "made a difference" in your community, your neighborhood, and for your schools and your families.

If you would like to recommend a program or practice to be considered for inclusion in Volume II, please see the RECOMMENDATION FORM at the back of this publication.

A special note of thanks to the following people for their help, support and assistance in developing Volume I of ***An Eagle's View***: Bill Hayne, Western Center, who not only conceptualized the idea but compiled, edited and encouraged all the programs to submit their special projects and programs; Sheila Thomas of Midwest Center, Peggy Richardson of Southeast Center, and Dick Doolittle of Northeast Center, for their assistance in compiling and submitting program questionnaires from their respective regions; Kathy Laws and Mardell Taylor of Western Center for their thoughtful review of the document draft; Sue Harper and Hazel Porter for their help in organizing and mailing materials in a timely manner; and Marjorie Wolfe for her great assistance in formatting and helping to create ***An Eagle's View*** as a quality publication. A very special thanks to Jennifer Hayne for her wonderful artwork featured on the cover page.

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Western Regional Center For Drug-Free Schools And Communities

Judith A. Johnson, Director

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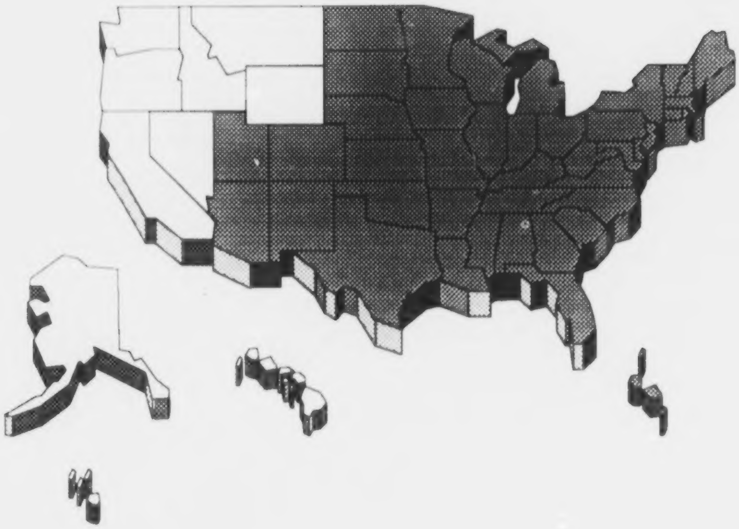

Lapwai, Idaho
Nez Perce Indian Nation

EEN PE-IM-TSA ("I Am Growing")

Tribal Youth Sports Program

Contact:
Barbara Greene, Activity Director
Nez Perce Tribe
P.O. Box 365
Lapwai, Idaho 83540
(208) 843-7360

Focus Group: Upper elementary, middle school, high school students

Feature: Enrichment and sports programming activities for American Indian youth

Program Description:
The Nez Perce Tribal Youth Sports Program (NPTYSP) grew out of a ***need*** to provide appropriate and comprehensive recreational and educational program activities specifically focused on Indian children ages 8 - 16 yrs. While the focus of the program is on Indian children and youth, participation in NPTYSP is open to all children from communities throughout the Nez Perce Reservation.

TYSP's central focus is to ensure all Nez Perce youth have an opportunity to be active and involved in a year-round sports and enrichment program. Working through a ***collaborative partnership*** with Washington State University, in Pullman, Washington, TYSP designed a program which provides youth with exemplary opportunities to engage in physical, social, emotional, academic and life skill development. Recognizing the impact alcohol and other drug related issues have had on the community and youth, it is a vital aspect of the overall program to provide ***alcohol/drug prevention strategies*** that will help empower Nez Perce youth toward building strong bonds to family, school, non-drug using peers, developing habits of wellness, and maintaining positive, healthy lives. Additionally, ***the program emphasizes*** career and educational opportunities, and particularly, strives to develop a better understanding among the Nez Perce youth of their cultural heritage, history and language.

In July 1992, the Nez Perce Tribal Youth Sports Program began their ***planning phase*** by forming an ***advisory team*** of local school officials, Bureau of Indian Affairs, law enforcement, Children's Home program, Nez Perce Housing, Washington State University Physical Education Department, and other appointed members. This advisory team worked hard to set up a mission, goals and objectives, program strategies and evaluation tools. Though the advisory team developed the program with American Indian youth as the focus, they ***modeled*** it ***after*** the National Youth Sports Program sponsored by the

National Collegiate Athletic Association (NCAA), which is in its 24th year of operation. Through the ***collaborative relationship*** with Washington State University, TYSP staff members received training and technical assistance in developing the scope of their program. Washington State University physical education staff are providing the assistance for the ***evaluation component*** as well.

Program activities include golf, archery, bowling, videos, basketball, softball, and soccer. In addition students are exposed to various employment opportunities through guest speakers and site visitations. Cultural aspects include Nez Perce language lessons, traditional dancing, drumming and singing, root digging, talking circles, wellness, sweatlodge, stick games and more. Through such a ***comprehensive offering*** of programs and activities, Een Pe-im-tsa Youth Sports Program is able to ***recruit and collaboratively involve*** many facets of the Nez Perce community.

Bethel, Alaska
Calista Corporation - Yupik Eskimo

Kalukaq—Celebration of Life

Contact:
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Celebration of Life
Yukon Kuskokwim Health Corporation
P.O. Box 528
Bethel, Alaska 99559
(907) 543-5358

Focus Group: Pregnant and parenting women

Feature: Based on the Yup'ik word for gathering together, Celebration of Life works from a positive approach in utilizing cultural traditions in providing a Circle of Care around pregnant women who wish to remain substance free during and after pregnancy.

Program Description:
As an integral aspect of the Yukon Kuskokwim Health Corporation, The Celebration of Life project serves fifty Yupik Eskimo villages in the Southwest region of Alaska. ***Assessment*** surveys, conducted with focus groups in several Yukon-Kuskokwim Delta villages, pointed out the ***urgent need*** to develop a program that is village based and provides greatly needed support, education, screening, and risk assessment to Native American women in the area where such services are inadequate to nonexistent due to the exorbitant cost of accessing the population by air. In addition to the inadequate services, the project recognized ***current research*** pointing out the Yukon-Kuskokwim area has a fetal alcohol syndrome birth rate of 4.5 per 1,000, which is 2 1/2 times greater than the national rate.

Doug Modig and the MCH/Family Planning Department applied for and received ***funding*** for the program through the Center for Substance Abuse Prevention (CSAP). ***Implementation*** of the project has been through a ***collaborative partnership*** developed between multiple organizations and village tribal council members. Through the ***collaborative partnership*** process, programs and services, such as early intervention and screening, are delivered in an integrated and comprehensive fashion to alcohol and other drug-using pregnant and postpartum women and their infants. In order to coordinate the delivery system and provide effective case management services to the remote villages, the project utilizes a ***model*** of community intervention leading to the formation of a volunteer community intervention team (CIT). The CIT serves as an outreach team, making approximately 75 contacts per month with clients, arranging support services, monitoring client progress, and providing invaluable support to clients in achieving sobriety. A crucial part of the project combines a unique and innovative blend of Native American principles with current medical and service delivery protocols.

The project staff received three months of ***intensive training*** and inservice on educational issues: fetal alcohol syndrome, nutrition, prenatal care, childbirth; and skill-building aspects: counseling techniques, documentation to medical records, team building, and community development. Cross training within the involved programs provides additional training opportunities for project staff and volunteers.

Key aspects of the project's ***success*** include community involvement, having staff of the same ethnicity as the target population, a clear vision shared and owned by all staff members, recognition of turf issues and a willingness to confront them, and offering incentives to other agencies for cooperating.

The ***evaluation*** component incorporates process measures of individual perceptions, experiences, and interactions as well as outcomes and service utilization patterns. Grant compliance and project objective documentation includes quantitative and qualitative approaches, such as participant observations and structured interviews. Additional data is provided by clients completing intake forms soon after joining the program, with follow-up every six months. Demographic characteristics, substance use patterns, and general well-being of the individual and family are reflected via the intake forms. Birth outcomes are documented, in addition to daily tracking of all services provided to the client.

At the time of this publication the Celebration of Life project has targeted five villages to receive services during this fiscal year. Coordination of services has been successfully undertaken between Celebration of Life and key organizations in the Yukon-Kuskokwim Delta (e.g., the Community Health Aide Program, MCH/Family Planning Clinic, Regional Substance Abuse Program, law enforcement and the court systems, tribal government and other tribal programs, social services, and alcohol/drug treatment programs).

Arcata, California
Hoopa, Yurok, and Karuk Tribes

PARITY—Promoting Academic Retention for Indian Tribal Youth

Contact:
Dr Sheila A Webb, Associate Dean and Parity Director
Humboldt State University
Teacher Preparation Programs
Arcata, California 95521
(707) 826-5872

Focus Group: Native American and non-Native American students, grades six through twelve of the Klamath Trinity Joint Unified School District of northern California.

Feature: Seeking to reduce dropout rates and bolster resiliency in students, PARITY is a retention program employing the next step concept, making the transition from one institution to the next a process demystified through faculty and student exchanges and sharing of resources at all the sites.

Program Description:
In seeking to reduce various risk factors and strengthen aspects of resiliency, PARITY program developers focused their effort on developing ***strategies*** for retaining students and easing critical transition periods which traditionally see many students drop out of the system. Sensing the ***need*** for a ***collaborative planning*** process, Dr Sheila A Webb, PARITY Director, actively sought the involvement of several agencies. During the first year the project, ***community partnerships*** included Humboldt State University, College of the Redwoods, Klamath Trinity Joint Unified School District, Hoopa Valley High School, Hoopa Tribal Education Association, Humboldt County Office of Education, Aetna Life and Casualty, Pacific Bell, Hoopa Valley Elementary School (grades 6-8), Title V Program, Jack Norton Elementary, Orleans Elementary, Trinity Valley Elementary, Weitchepec Elementary (Grades 6-8), Bright Futures Project, and the Karuk Tribe. As part of the ***planning process***, a steering committee meets regularly throughout the year fulfilling the task of planning major events including fall orientation, fall retreat, Summer Bridge Enrichment, funding issues, public relations with the communities involved, and monitoring the project's overall structure.

Designed as a ***retention program***, the steering committee restructured curriculum and implementation in math, science, language arts and social science, in order to provide a more ***relevant education*** to students. Incorporated into the process are Native American social, cultural and historical contributions to the various disciplines. Faculty members from participating universities meet on a regular basis to discuss instructional methods and content with the following

four principles in mind: ***1)*** learn about and respect the student population; ***2)*** incorporate its values and interests into a relevant curriculum; ***3)*** combine resources to enhance learning; and ***4)*** maintain high expectations. By using these four principles as a ***framework for developing strategies*** and building on students' experiential knowledge, the curriculum encompasses elements in the natural environment and the importance of interrelationships among the disciplines. This approach leads to a greater understanding of the students' surroundings and their relationship to a larger, exciting world of learning, academic adventure and exploration. Often this becomes a school without walls as students study outdoors at various locations and with a variety of teachers since ***cross-institutional exchanges*** occur regularly.

PARITY has proved to be the impetus for promoting a caring, responsive school and extended educational community, while maintaining high expectations for student learning and attitudes. The importance of ***institutional support*** for those staff members involved is reflected in release time, shared resource materials, cross-institutional collaboration, orientation and retreat planning meetings, professional development activities, and a sharing of both human and physical plant resources among all partner sites.

Monitoring and evaluating the progress of PARITY included ***data collection*** from participating schools and organizations. Attendance and absentee rates, grades and academic performance indicators, and CTBS scores were compiled during fall and spring semesters by an Internal Evaluator. The ***Internal Evaluator*** assessed retention, grades, absences, and CTBS scores, finding "compelling evidence of the program's ***success*** in the form of CTBS scores." The enriched curriculum and a Summer Bridge program have been assessed as the source for improvement of CTBS scores across all areas of testing, particularly in science, mathematics, English and reading. These results have led to the curriculum changes being institutionalized.

Serving a population separated by mountainous terrain spread over 1,100 square miles, the program cites ***four key components to success***: ***1)*** cross institutional and community support promoting the common good of assisting students; ***2)*** dedication of staff and personnel; ***3)*** respect for the students and community; and ***4)*** involvement of all partner participants as equals.

Tacoma, Washington
Puyallup Tribe

PRIDE: Positive Reinforcement In Drug Education—Chief Leschi High School

Contact:
Jerry Lundquist, Co-coordinator
Don Renwick, Co-coordinator
Chief Leschi High School
P.O. Box 8370
Tacoma, Washington 98418-0370

Focus Group: Students in kindergarten through grade twelve

Feature PRIDE is a comprehensive K-12 substance abuse prevention program that encompasses all aspects of the educational program at Chief Leschi Schools. Its message of no use/no tolerance is stated at all school and community-based events.

Program Description:
Assessing the situation through student, staff, and parent ***surveys***, a committee cited a general feeling of desperation at the problems caused by substance abuse in the community, and a lack of knowledge and understanding of the causes and results of substance use/abuse. Superintendent, Linda Rudolph took matters into her hands and immediately formed a ***planning team*** consisting of teachers, substance abuse counselors, administrators, community members, and elders. The planning team worked stringently to form ***community alliances*** resulting in ***cooperative agreements*** with all Tribal Service Organizations within the Puyallup Tribe including Tribal Treatment Center, Kwawachee Mental Health Center, Children Services, Elders Program, Tribal Medical Center, Law Enforcement, Tribal Government, Planning, Higher Education, Fisheries, and Economic Development. Community agencies include the Rotary, local media, Pierce County Health and Sheriff Department, Bureau of Indian Affairs and Indian Health Services, local community colleges, Washington State Office of Superintendent of Public Instruction, and Tacoma, Federal Way, and Fife School Districts.

PRIDE is ***based*** upon a K-12 comprehensive, school/community, curriculum written by Chief Leschi staff for Chief Leschi students. It is a year-round program taught to all grade levels to a total student population of 560 students, representing 54 federally recognized tribes. The program reaches out further than the classroom, striving to demonstrate that a substance-free life can be both appealing and desirable.

Activities to support PRIDE are varied and multifaceted, thereby promoting a collaborative relationship within the school and community. A "Run for Sobriety" boasts 100 percent student/staff participation with many community members attending. The Run begins with a sunrise ceremony. Drug-free dances for junior and senior high students are held to coincide with various holidays and events. Each school and grade level participates in field trips to places of significance to American Indian students. Picnics, skating parties, swimming parties, and various cultural events held throughout the year further emphasize the ***message*** of alcohol and other drug-free and healthy lives.

Training for staff occurs throughout the school year. Orientation to the curriculum takes place before school begins and is revisited during regular staff meetings and special inservice days. The community receives training through special parent training/consultation sessions held in the evenings at the elementary school during the year. Awareness and community education occur via local news coverage, school/community functions, and newsletter articles.

Assessment procedures rely on student records for the year in compiling needed ***data,*** such as academic grades, attendance rates, behavior and disciplinary referrals, and documented alcohol and other drug-related incidents. The records have indicated ***successful improvement*** in each of the areas previously listed. Most notably, a ***reduction*** in drug-related incidents is significant due to the influx of new students each year. Students fill out an anonymous ***survey*** at the end of the year to assess impact of PRIDE on their lives. School staff provide further assessment of the curriculum though surveys and lesson/content ***evaluations***. Responding to evaluations and input from staff, there is a movement towards infusing the curriculum into as many subject areas as possible, with the idea that by 1997-98 it will be part of the curriculum for all disciplines.

This project is ***funded*** through Drug-Free Schools and Bureau of Indian Affairs.

Darrington, Washington
Lummi, Nooksack, Sauk Suittle, Swinomish
Tulalip, Upper Skagit Tribes

Northwest Inter-Tribal Youth Early Intervention Program

Contact:
Russ Martin
NW Inter-Tribal Youth Early
Intervention Program
226 Sudden Valley
Bellingham, Washington 98226
(206) 734-9747

Focus Group: Native American youth, age 12-20 years.

Feature: Providing nine youth advocates who offer support group meetings and planned alternative activities on high-risk nights and holidays, and promoting healthy lifestyle choices for the youth in seven communities.

Program Description:
Beginning in 1987 as a ***grass roots initiative*** involving youth and a few community volunteers, the Northwest Intertribal Youth Early Intervention Project has become a program of education, support, recreation, and intervention serving up to 300 youth from seven different communities. The ***youth were the strength of this movement*** as they recognized the ***need*** and ***desire*** for alternative, drug-free activities on those nights when "everyone" was into use and abuse of a substance. Responding to this expressed desire, Paulette RunningWolf and other concerned community members sought out and received ***funding*** from the Center for Substance Abuse Prevention (CSAP), though the program operated for a full year before funding was obtained from CSAP.

Planning for the project was led by the Intertribal Youth Group, with appropriate guidance and assistance from program advocates. Together with the program advocates, the youth plan, coordinate, and engage in drug-free activities as often as three times per week in their respective communities. ***Activities*** include educational events, support group meetings, outdoor excursions and more. Additionally, all the youth from the seven tribes meet for major drug-free social events/activities, such as special trainings or conferences, summer camp/retreats, dances. Due to the varied tribal representation of the youth, ***community alliances*** and ***collaborative partnerships*** became critical in providing support to the project.

Training for the nine advocates is ongoing and includes topical issues such as: substance abuse prevention, youth support, group facilitation, crisis intervention, grief and loss, and suicide prevention. The community advocates are hired on a part-time basis to coordinate activities in their communities and serve as a support system to the youth. A ***critical aspect*** of the program is obtaining an endorsement and sponsorship from each tribal council, as each community advocate is supervised by a tribal agency (usually the tribal human services department or alcohol and other drug counselor). ***Families*** are also involved by volunteering for events, chaperoning activities and participating at as many events as they can.

The youth in the project make a verbal and written ***commitment*** to "clean and sober" behavior while involved, made formal through a signed contract. A picture identification card is given to each participant which provides them with special privileges at local commercial businesses. A ***monthly newsletter*** helps promote the project, coordinate events, involve the communities, and maintain awareness of the benefits of a drug-free life.

Project ***evaluation*** is an integral component of Northwest Intertribal Youth Early Intervention operations. The community advocates track all activities in a monthly log, monitoring attendance and community involvement. ***Demographic data*** is compiled via a status report as each youth participant accesses the project. In 1992 a major attitude/substance use ***survey*** was completed on 90 youth participants to gain a measure of baseline data. This survey will be repeated in 1994 to ascertain program outcomes and benefits. ***Early assessments*** indicate that youth who participate in the project remain alcohol and other drug resistant. To date, approximately ***200 youth*** regularly participate and have made contract and personal commitments to healthy living, going to school, and developing healthy peer networks. Many of the older participants who have been with the program for 4-5 years have become leaders in their communities and solid role models for the younger participants.

Pointing out the ***pitfalls*** of politics and occasional lack of tribal council support, project coordinators are quick to state that these problems have been overcome and worked out. This has been accomplished through open communication and a mutual understanding of the need to support youth who desire to lead healthy lives. ***Keys to success*** include a strong commitment and follow-through by the community advocates and the youth themselves, being in touch with and meeting the needs of youth, and respecting what youth desire and empowering them to accomplish those goals.

Reno, Nevada
Washoe, Paiute, Shoshone Tribes

Reno Sparks Indian Colony Prevention Coalition

Contact:
Daniel Thayer
Project Specialist
Reno Sparks Indian Colony
Prevention Coalition
405 Golden Lane
Reno, Nevada 89502
(702) 324-4600

Focus Group: All ages within the reservation community.

Feature: Development and promotion of collaborative working partnerships within a diversified reservation community to enhance service delivery, educational offerings, and advocating for a healthy, drug-free community for all community members.

Program Description:
Seeing the ***need*** to coordinate services to 743 community members spread out over two locations, Connie Espinoza, tribal grants writer, sought out the involvement of ***key members*** within the community to be involved in the ***planning and development*** of the coalition. Initially, several tribal council members provided critical support to the planning phase and program development. Eventually, directors of the education, housing, finance, and tribal resolution programs were successfully recruited to be part of the planning process and actively supported the efforts to collaboratively involve multiagencies and programs in ***assessing*** the needs of the community and prioritizing goals.

With networking and developing an effective ***collaborative approach*** to promoting healthy lifestyles as a focus, ***community alliances*** were enlisted to become a part of the coalition. ***Partnership networks*** were formed between alcohol and other drug (AOD) treatment programs, Tribal government, the media, social services, the school system, health and social services, the judicial and law enforcement agencies, families, elders and youth organizations, a university campus, and several community businesses. The Coalition's ***progress*** during the first year was marked by a receptive audience and the development of "very good working relationships with all members of the Coalition." In order to meet the ***needs*** of the reservation community, the Coalition's full participation and input is crucial for the direction of the project. The ability to effectively plan and develop strategies for targeted groups or locations depends upon the total participation and support of the Coalition members.

To assist in developing full participation and involvement from members, the following three ***activities*** occur on a regular basis: ***1)*** monthly coalition meetings, ***2)*** quarterly steering committee meetings, and ***3)*** monthly youth committee meetings. The content of meeting discussions are shared among the committees and overall Coalition membership to ensure full communication. ***Strategies*** developed by the Coalition's committee structure include trainings related to AOD prevention for community members, youth alternative activities, tribal program directors' trainings, and professional staff development. A major ***highlight*** of the Coalition's effort was a ***youth retreat***. The youth retreat incorporated workshop sessions on alcohol and other drug awareness, gang involvement prevention, self-esteem, peer pressure, fetal alcohol syndrome, and AOD-free dances. The youth also took a leadership role in encouraging the Coalition to plan and coordinate an adult retreat with similar activities to put everyone on the same level of understanding of the issues facing youth and adults in the community.

In ***assessing progress*** of the Coalition, coordinators point to positive feedback from the community and the commitment by youth to stay AOD free. ***Evaluations*** are taken at every function, workshop and presentation to help determine if activities are meeting the defined goals and needs of the community. Sign-in sheets are utilized at every meeting to assess involvement, which has been shown to be very high and consistent—a sign of success in and of itself.

Inchelium, Washington
Colville Indian Nation

Annual Intertribal Sobriety Campout and All Youth Campout

Contact:
Pierre Louie, Director
Sobriety Campout
P.O. Box 181
Inchelium, Washington 99138
(509) 722-4575

Focus Group: Camp is hosted by the Colville Indian Nation, but is open to all tribes and people of all ages. There is a separate youth campout for students in grades one through twelve.

Feature: In its 16th year, the Intertribal Sobriety Campout incorporates mutlifaceted strategies and activities in bringing people together in an alcohol and other drug-free camping environment which emphasizes American Indian culture and traditions. The Youth Campout is in its second year and utilizes a similar format and focus.

Program Description:
If ever there was a ***grass roots*** movement that has inspired the involvement of a multitude of people and agencies, the Sobriety Campout is such a program. ***Beginning*** sixteen years ago out of the ***need*** to celebrate the accomplishment of sobriety for a handful of dedicated people, the event has continued with people traveling from all over the country to participate and celebrate their sobriety

Pierre Louie, Camp Director, took over the operation of the campout fifteen years ago and has work diligently to nourish ***collaborative relationships*** with a variety of programs and agencies. Due to his hard work, community relationships have been formed and maintained with alcohol and other drug treatment programs, tribal government and other programs, family/health/social services, court systems, Title V Indian Education and Johnson O'Malley programs, various religious organizations, media, and a multitude of volunteers. Mr. Louie's attitude has developed a sense of ***togetherness*** that ***encourages*** the various community programs to experiment and challenge themselves to get involved in new ways. The result finds many of the programs coming to him now with ideas to try and new activities to incorporate.

Mr. Louie indicates the project is ***successful*** due to the people who continue to come and participate in the six day event. The number of people attending has grown dramatically over the past several years and serves as an ***indicator*** of how ***successful*** the event is. From a small, yet significant core of 25 people sixteen years ago, over 3,000 people from various regions and tribal nations attended in 1991. "People come to enjoy themselves, to let things happen, instead of following a daily program," states Mr. Louie.

While there may not appear to be a set ***structure*** moving people through an agenda each day, the activities are set up to allow participants to ***engage*** in an experientially rich atmosphere. ***Activities*** include: sweats, swimming, boating, hiking, Alcoholics Anonymous and Al-Anon meetings, family groups, a pow wow, and meals every day. The ***Youth Campout,*** which takes place August 12-14, utilizes a similar format, but also seeks to involve the youth in ***activities*** focusing on responsibility, spiritual and traditional aspects, respect and sharing, story telling, and drumming.

When offering advice to other people seeking to develop a similar program or event, Mr. Louie points out the ***need for a vision*** and the enjoyment of people. Being able to enjoy people and provide an avenue of celebration means stepping out and challenging ourselves to follow dreams. ***Funding*** for the campout is generated from Ferry and Stevens County Mobilization donations, as well as fees charged per car. The annual Intertribal Sobriety Campout began as a dream—a dream of gathering friends and family to share the celebration of each person's sobriety.

Browning, Montana
Blackfeet Indian Nation

Vision Student Assistance Program:
Browning Public Schools

Contact:
Lee D. Clark, Jr.
Superintendent of Schools
Vision Student Assistance Program
Browning Public Schools
P.O. Box 6610
Browning, Montana 59417
(406) 338-2715

Focus Group: Kindergarten through twelfth grade student population, with various services provided to school staff and community members.

Feature: A comprehensive student assistance program offering inservice, assemblies, support groups, alternative activities, alcohol and other drug (AOD) prevention curriculum, team building, intervention, peer programs, and more, all reflective of providing students and staff with a total, holistic assistance program.

Program Description:
Beginning in 1989 from an expressed ***need*** for increased administrative support for the school staff, a ***survey*** was conducted among all school-related personnel. The ***results*** revealed a strong desire for more student and staff support groups to be offered and facilitated. To ensure a ***comprehensive*** programming effort was employed, Gwen Brott, coordinator of the Vision program, developed a two-fold strategy. A community-wide ***Task Force*** was formed to examine resources, services, and goals in developing collaborative partnerships among the various programs and organizations. The initial goal of gaining ***support and involvement*** from as many programs as possible was attained as tribal government and other tribal programs joined with Browning School System and AOD treatment programs, businesses, family/health and social services, law enforcement and the court system, religious organizations, and a variety of volunteers. The ***collaborative partnership*** was built upon a strong relationship established between the Browning School System and law enforcement (Drug Abuse Resistance Education and juvenile officers in particular), Health Department, Housing, and AOD treatment programs. A second aspect of the planning and development of the Vision program involved creating ***vision teams*** in each school building. The vision team was made up of a variety of school staff who monitored and assessed the needs of students and staff, strategies to meet the needs, and progress of the program. An employee assistance program has been developed and includes support groups, wellness activities and more.

Trainings offered through the Vision program are open to all staff, community members and students in grades 7-12. A special effort is made to involve tribal elders and leaders in the trainings to foster relationships between school and these significant groups. Inservice is held several times a year, with special workshops offered as needed or requested. ***Topics*** such as community intervention, basic awareness, support group facilitation, fetal alcohol and other drug affected students, AIDS, parenting, and solvent abuse are just a sample. All new staff are required to attend eight hours of awareness training.

Activities developed through the Vision program are held monthly and include some very innovative approaches for assisting students and the community to develop healthier standards of living. A particularly creative activity is the All Night Running Affair, a 17-hour all night run held in memory of those who have died due to alcohol and other drug related accidents. Students, staff, community members and statewide representatives are involved in the All Night Running Affair, which culminates with breakfast cooked to order by school staff. Other activities include Art in the Park, Young Authors' Fair, kite flying, Jump Rope Against Drugs, Christmas caroling, ice skating, Teen Institute Camp, Caring For Kids Conference, New Year's Eve Carnival and Dance, Mini-Olympics, and a much more.

Evaluating the program's effectiveness and progress takes place with each activity, training, and event sponsored by the Vision Program. Each participant fills out a ***survey*** report for any activity they are involved in, providing demographic data and impact effectiveness of the activity. A pre- and post test are employed for specific trainings and events. Accumulated ***data*** revealed support groups have had a tremendous impact upon students' and staff's general sense of well-being and ability to stay clean. ***Records*** also indicate a drop in student fights and disciplinary referrals. There were no recorded drug busts or bomb threats during the 1992-93 school year.

In identifying ***key strategies*** for the success of the Vision program, Ms. Brott points to the need to "get all the right people involved up front in order to gain their support and active involvement in a true collaborative process." Willingness to work hard and a genuine commitment to children are the cornerstones of a successful program.

Lame Deer, Montana
Northern Cheyenne Reservation

Department of Alcohol and Drug Studies Dull Knife Memorial College

Contact:
David Tompkins, Director
Department of Alcohol and Drug Studies
Dull Knife Memorial College
P.O. Box 98
Lame Deer, Montana 59043
(406) 477-6215

Focus Group: College level students and community participants.

Feature: Providing an Associates of Applied Science and Alcohol and Other Drug (AOD) studies degree designed for students intending to work in the chemical dependency fields. Additional services include community and professional workshops, consultation, AOD resource library, inservice trainings, and post-degree internships.

Program Description:
Designed as a counselor training program providing academic and practical preparation necessary for students to gain alcohol and other drug counselor certification in the state of Montana, the Department of AOD Studies provides a ***comprehensive*** array of services vital to any total health care service system. Students participating in the program are exposed to opportunities to gain: ***1)*** theoretical expertise in the nature, treatment, and prevention of chemical and process addictions, ***2)*** applied expertise in the development of the addiction counselor's competencies in the areas of knowledge and skills, ***3)*** understanding of professional and ethical responsibilities, and ***4)*** self understanding of personal and professional potential as it relates to the rehabilitation process.

In 1988, David Tompkins, Director of the Department of Alcohol and Drug Studies, developed an ***advisory committee*** to work collaboratively together in the program's ***planning process***. This ***program advisory committee*** was originally composed of a curriculum committee, counselors, Indian Health Services Recovery Center staff, college staff, and other key program staff. Currently the program advisory committee has expanded to include the school system, social and human services, the court system, and tribal programs.

Work with the reservation community includes a variety of ***training and workshop events*** offered for the general community and for the professional organizations. For the professional workers, workshops related to ***issues*** of addiction and dysfunction affecting individual agencies are made available and are specifically tailor-made for each agency and its employees. An added aspect of this for the professional community involves the maintenance of a consultant pool of area professionals to respond to expressed needs. The community workshops are designed to raise awareness of addictions and related topics, including AIDS, codependency, adult children of alcoholics, dry drunk syndrome, communication skills, and eating disorders. A resource library containing several hundred titles is maintained and available to the reservation agencies, as well as to enrolled students.

When ***evaluating progress*** of the Department of Alcohol and Drug Studies, two aspects are involved: ***1)*** the effectiveness of the community and professional workshops, and ***2)*** the progress and success of students enrolled in the counselor training program. For each workshop sponsored and provided by the program, ***evaluations*** are filled out by every participant with the results ***assessed*** to determine if it was effective or met the desired objectives. ***Data*** generated by the evaluations are reviewed by the program advisory committee to determine the progress of the program and make recommendations for the next year's training agenda. Assessing ***indications of success*** for the counseling training program, Mr. Tompkins points to the fact that seven trainees have become state certified counselors in the last two years, while all graduates are employed in the chemical dependency field.

Key aspects of the development and success of the program involve the collaborative networking among agencies and meeting the needs expressed by the community. Working collaboratively allowed the Department of Alcohol and Drug Studies to access resources, including people and funding sources, effectively plan strategies to meet the needs of their community, and allow for dynamic and continual assessment through the program advisory committee.

Nome, Alaska
Bering Strait

Bering Strait Community Partnership

Contact:
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Principal Investigator
Nome Community Center
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Nome, Alaska 99762
(907) 443-5259

Focus Group: All members of the Community of Nome and 15 Native villages in the region.

Feature: The primary mission of the Community Partnership program is to help local communities throughout the 44,000 square mile, northwest region of Alaska develop a clearer "VISION" for stronger and healthier communities. Through an active and practical visioning process, communities can claim a clearer vision of hope.

Program Description:
The Partnership is an ***effort to empower the villages and develop cooperative efforts*** among the service providers in a direct response to the needs and goals of each community. Covering a 44,000 square mile area in northwestern Alaska, the Partnership is based out of Nome, which serves as a hub community providing services and support to the outlying, and often remote, fifteen villages. Most of the fifteen villages can only be reached by airplane, which creates a serious dilemma for many of the communities whose needs are neglected. The Partnership seeks to offer a ***solution*** to this geographical distancing and service neglect.

In October of 1990, an ***assessment survey*** was conducted among the region's service providers. It was ***determined*** that services were often duplicated, there was a lack of services provided and a lack of coordination among providers, and that services were often provided that were not necessarily needed or wanted by the villages. Following the results of the survey, the Interagency Child Advocates for Norton Sound, an organization of service providers, put together a planning team to write a grant proposal and begin the planning phase. The ***planning team*** included the school principal, teachers, an executive of the Native regional corporation, tribal council members, community leaders, service providers, and various agency staff. ***Funding*** was approved and provided by a grant from Health and Human Services and Center for Substance Abuse Prevention (CSAP). Developing a ***regional strategy*** included the following program activities:
1) yearly village visioning events to establish an action plan and set goals;
2) resource support provided on a daily basis, as needed, for the villages;
3) coordination of efforts in alcohol and other drug prevention events and

technical assistance in grant writing, and ***4)*** organizing a collaborative process of services for the various providers and agencies.

Program staff and partnership members, including elders and students, attended ***CSAP-sponsored training*** opportunities on a variety of ***topics*** including needs identification, developing goals and objectives, overcoming barriers to participation, creating coalitions, community organizing, and resourcing communities. Assisting groups and committees in developing ***collaborative partnerships*** and a ***vision*** for those partnerships entails great sensitivity, a clarity of roles and expectations, an ability to empower others to overcome their self imposed limitations, and a capacity for getting others to focus their energies on practical steps and objectives. The ***training*** provided by CSAP has allowed those involved to gain varying levels of strength and competence in achieving the program's main goal of helping communities to establish a vision and appropriately follow through with goals and objectives. As with many partnerships, the first two years focused upon obtaining support and participation from the villages and service providers, promoting the purpose of the program, and developing an inclusive atmosphere.

Evaluation of the program employs an outside evaluation team which monitors the progress of the partnership, the activities and strategies, and the results of the program's effort. ***Data is generated*** through on-site interviews of key village informants, staff reports of all activities, gathering of drug-related information and indicators, minutes of partnership meetings, and open discussion with agency staff. ***Indications of progress*** include overcoming initial opposition leading to more agencies becoming involved, villages planning events together, political entities in villages ***working together***, and agency staff working together and coordinating their efforts.

The major ***obstacle*** of the program has been finding methods to assist groups in overcoming the distrust, antagonism, past histories, turf issues, and racism. Though people are working together more than ever, these issues are dealt with constantly and consistently, and the importance of open communication in confronting and overcoming such critical sources of conflict is clear. Making each visioning event a ***community celebration*** has helped ease some of the tension and provided a platform for approaching solutions, making the celebrations a key strategy for success. Other ***key aspects*** involve open, one-on-one conversation, providing opportunities for participation from the very beginning, and realizing the need to move forward even though there are members of the community who will not join the program.

Various Sites, Washington
Swinomish, Lummi, Upper Skagit, Tulalip, Sauk-Suiattle, Stillaguamish, Nooksack Tribal Nations

Annual Intertribal Alcohol/Drug Abuse Awareness Day

Contact:
Joe Dunn, Director
Swinomish Alcohol Program
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LaConner, WA 98257
(206) 466-7233

Focus Group: All ages, with an emphasis on elementary through high school students.

Feature: A one day, alcohol/drug-free event hosted by one of seven northwest Washington tribes, for the purpose of developing intertribal unity in promoting hope, healing, and healthy living.

Program Description:
Beginning in 1983, the Annual Intertribal Alcohol/Drug Abuse Awareness Day was organized out of an ***expressed need*** for tribal elders and youth to participate together in a drug-free environment. A concerned group of alcohol and other drug prevention program directors and counselors began meeting to discuss mutual needs and issues relative to substance abuse among several northwest Washington State Indian nations. As a result of their ***collaborative efforts,*** the annual educational and prevention event has grown to attract over one thousand people to the various tribal locations. The event is rotated from reservation to reservation with participating tribal nations serving as organizing partners in planning, promoting, and organizing the all day event.

Planning for the annual Awareness Day begins a full ten months prior to the event with discussions of the written evaluations provided by participants at the previous year's event. This process allows the group to plan according to the program's strengths and recommendations for improvement. The ***planning team*** consists of representatives from each of the seven tribes who meet on a monthly basis. With each tribe serving as a host for the event on a rotating annual basis, the need for ***collaborative planning*** and sharing of resources is crucial to the overall success and impact of the event. The various representatives on the planning team are also responsible for communicating back to their respective tribes to promote and gain community-wide support for the event. In order to improve communication lines, representatives have formed ***local community alliances***, including treatment programs, businesses, tribal government and tribal programs, family and social services, law enforcement, media, schools, and religious organizations. Such community alliance building has allowed each tribe to generate a solid funding base through donations, as well as resource sharing and successful promoting of the event within each program's clientele base.

Data is collected through ***evaluations*** filled out by each participant in attendance. In order to increase the return of evaluations, a grand prize drawing is held and awarded only to those who have turned in an evaluation. Demographic information is obtained, but the ***critical information*** needed for programming comes from the written comments and suggestions offered by participants. Matched with demographics, the written portion of the evaluation serves to assist the planning team in meeting the needs and desires of those in attendance. An ***indicator*** of the event's ***success*** comes in the form of attendance, which has climbed from 200 in 1983 to over 1,000 ten years later. Other ***indicators of success*** include the governor of Washington signing a proclamation declaring the third week of April as Intertribal Awareness Week and the formation of two new awareness day events in another region of Washington State, modeled after the Intertribal Awareness Day.

A ***key to success*** is obtaining the support of each tribal council through the passing and signing of a tribal resolution supporting the event and those members involved in the planning. Being sensitive to each tribe's uniqueness, yet recognizing the common issue of substance abuse, is the foundation for the event's success. Also, listening to people's needs and interests in order to provide a better and more impactful day creates the necessary ingredients for success.

Browning, Montana
Blackfeet Indian Nation

Stay In School Program, School District No. 9

Contact:
Carol C. Juneau, Director
Stay In School Program
Box 610
Browning, Montana 59417
(406) 338-2841

Focus Group: Students in kindergarten through high school at risk for dropping out or already out of the school system.

Feature: A comprehensive dropout prevention program consisting of outreach and advocacy for students and their families, tutorial and instructional assistance, parent and staff training, and a summer school program.

Program Description:
The ***need*** for a dropout prevention program was determined after a 1991-92 ***survey***, administered to students, parents, teachers and other community members, ***revealed*** a high level of ***concern*** for dropout rates and the need to reach those students through such a program. Once the need was assessed through survey results, a ***planning team*** was formed, consisting of school administrators from the K-12 levels. This planning team met to determine how best to meet the needs of students and develop a proposal to obtain ***funding*** from the Department of Education's Dropout Demonstration Assistance Act. Once the program proposal was approved for funding, program staff began forming community linkages and an advisory board.

The ***advisory board*** for the Stay In School Program is made up of individuals from businesses, community agencies, social services, and juvenile system. The effort to create ***community linkages*** has been successful in that a total of nineteen organizations, agencies and programs from the community are involved in offering their services and resources to the program. The community linkages aspect is critical to the success of the program as the needs of the at-risk-for-dropout students spill over into the community in a unique way and require the collaborative networking and sharing of program resources to meet their needs.

The Stay In School Program utilizes ***six major components*** within the framework of operation: ***1)*** Elementary Outreach Advocate to strengthen home-school communication and relationship; ***2)*** Outreach High School, which provides an alternative instructional program for ninth- through twelfth-grade students currently out of the school system allowing access to high school diploma completion via semi-independent study program on a contract basis; ***3)*** K-8 Tutoring, conducted on an individual and small group basis for students needing academic assistance, with particular emphasis on English/language arts and math, ***4)*** parent and staff training in areas of improving parenting skills, strategies to help their children be successful in school, strengthening communication skills, and teacher strategies for working with at-risk students, ***5)*** community/school awareness, including an advisory board consisting of students, school and community members, providing guidance of school operations and increasing awareness of program throughout the Blackfeet reservation, ***6)*** a summer school program designed for credit-deficient students to earn required course work outside the regular school year

A formal outside ***evaluator*** works with the program on an ongoing basis throughout the year on evaluation and techniques to help strengthen the program. ***Data collection*** is required of the program through the Department of Education and provides demographic information, in addition to information on academic contracts, performance of students and staff, parent involvement, and community linkages effectiveness.

Indicators of success for the Stay In School Program are three students who have graduated from high school through the Outreach High School and many other students who have completed various courses and returned to the regular school system. An additional indicator has been parents who utilized the Outreach Advocate Program more often in seeking assistance for their children, a sign of both empowerment and available resource networks

A ***key to the success*** of the program is the staff, a team of individuals who are committed to the goals and mission of the program, and who are a caring group of professionals. Other key aspects include a solid funding source (Department of Education), support from the school system administrators, seeking and meeting the needs of students, parents, school and project staff, and maintaining a close, working relationship with community agencies. The need to ensure the continuance of the program in the absence of funding is reflected by specific steps being taken to integrate the approaches and strategies of Stay In School within the school system

Recommendations to others interested in developing a dropout program are to visit other programs, dig for and gather research on dropout programs, read and synthesize the information pertinent to the location, and attend the national at-risk conferences

Shelton, Washington
Skokomish Indian Tribe

Project PRASE:
Primary Reservation Alcohol and Substance Education Multidimensional Curriculum

Contact:
Gerald B. Miller, Director
Skokomish Indian Tribe
N. 80 Tribal Center Road
Shelton, Washington 98584
(206) 426-4232

Focus Group: At-risk Native American youth, ages 10-14 years.

Feature: Instructional curriculum kit designed with a wide range of learning situations in mind - substance abuse, grief/loss/trauma, coping skills, peer pressure, and physical/sexual abuse.

Program Description:
The ***absence*** of a substance abuse curriculum with an American Indian emphasis, particularly focused on western Washington tribal culture, was seen as a serious deficit for teaching and working with Indian children. Gerald B. Miller, Project PRASE Director, sought out a concerned and dedicated group of people who shared the vision of developing a culturally relevant substance abuse curriculum for Indian children. The ***planning team*** consisted of the director, curriculum developer, youth activity coordinator, curriculum assistant, and several other members from the tribal community. Working together to develop strong, culturally sensitive materials, the ***planning team*** and project staff ***established a curriculum*** based on traditional Native American styles of teaching, using oral, written and hands-on activities featuring characters of Native American legends.

The PRASE Multidimensional Curriculum ***embodies principles*** which successful educators have long known and practiced: problems related to substance abuse are not isolated to the home, but are felt in the classroom and lives of individual children; successful approaches combine a variety of teaching strategies that are multisensory and interactive; teachers face children with extended emotional problems and needs on a daily basis; and through use of traditional wisdom and culture, American Indian children can more easily recognize their own situations.

Originally developed for rural Indian children, project PRASE has proven to be successful and popular with non-Indian children as well. The ***wide range of learning situations*** incorporated into the curriculum serves to reach a great number of children, gaining access to issues relevant to all. Through video and written material, ***"Raccoon's Feast"*** teaches the importance of helping others recover from substance abuse by showing supportive and caring attitudes, and that drugs are not needed to have a good time, especially at traditional events. ***"The Saddest Day"*** presents traditional Native ways of coping with the losses that disrupt a student's foundation of well-being. Confronting physical and sexual abuse, ***"Bear Hugs"*** addresses the issue of confusing touches and how to deal with them. Children learn to have a sense of power and control over their bodies and that it's okay to tell about bad or disturbing things that happen to them. Coping with a substance-abusing parent is effectively confronted through the story of ***"Winona's Song."*** Winona shares her sadness with Eagle and Eagle shows her specific coping skills and methods for healing through the traditional therapy of story and song. ***"Skunk's Greatest Lesson"*** furthers the effort to empower children to resist negative peer pressure. In this lesson, Grandfather tells Tara a story about Skunk, who wants to be part of a gang and suffers the consequences of his submission to peer pressure. The curriculum combines myth with ritual to achieve a form of play, which was/is a learning style for traditional Native societies.

Project PRASE utilizes two ***external evaluators*** for data collection, information synthesis, and evaluation. As funding for the project comes from the Center for Substance Abuse Prevention, quarterly and yearly progress reports including evaluative data is crucial to the continuance of the project. Pre- and posttests are administered to students for assessing the effectiveness of the curriculum content, revealing substantial impact on students' awareness of problems and strategies to cope with their issues.

Poplar, Montana
Assiniboine/Sioux Indian Nations

Adolescent Residential Aftercare Program

Spotted Bull Treatment Center

Contact:
Karen Brown, Director
Spotted Bull Treatment Center
P.O. Box 1027
Poplar, Montana 59255
(406) 768-3852

Focus Group: Adolescents who have completed inpatient treatment.

Feature: Provide an aftercare residential treatment program for adolescents at a minimum of 90 days to 6 months, incorporating a traditional medical, psychological, and spiritual philosophy.

Program Description:
Indian Health Services (IHS) conducted an ***assessment*** of Spotted Bull Treatment Center in January of 1990, which ***revealed*** the ***severe need*** for an adolescent component to the treatment center due to the high number of adult repeaters to the inpatient treatment program. Until July of 1989, Spotted Bull was an adult treatment center, at which time there became a split focus of service seeking to attend to both adults and adolescents. Following the 1990 IHS assessment, the focus of the treatment center was directed towards an adolescent aftercare program.

Incorporating a ***collaborative process*** in planning and providing service, Spotted Bull's adolescent program involves a variety of agencies and programs from the reservation. Tribal government and other tribal programs, families, judicial and law enforcement departments, media, religious organizations, the school system, social services and other treatment agencies are involved. Through ***collaborative partnerships*** and relationships, an effective delivery of service by the staff of Spotted Bull is enhanced and strengthened, resulting in more agencies and programs involved in the well-being of the individual and family.

Basing the ***philosophy*** of treatment in traditional medical, psychological, and spiritual points of view, the program emphasizes that an individual is one who has a workable system of values and meaningful sense of connection and relation to aspects of life outside the narrow bounds of self. Everyone has this potential for wellness and the Adolescent Aftercare Program provides a program to help each person achieve their potential.

Services provided through the program include group therapy sessions held on a daily basis, focusing on self concept, self awareness, and group interaction. The goal of group therapy is to build the client's trust in self and others. Weekly individual counseling sessions are held with an assigned counselor, who monitors the progress of the client. Educational lectures are presented daily on the psychological, physical, social and spiritual effects of alcohol and other drugs upon the individual and family. Recreational therapy provides clients with opportunities to develop an enhanced ability to use social and recreational resources in the community including evening Alcoholics Anonymous meetings held weekly in the two major reservation districts. "Eye Opener" sessions held daily are intended to provide residents with a positive attitude for each day, and 24-hour staff coverage is provided to ensure appropriate levels of supervision and care.

A ***traditional/spiritual leader*** works with the adult/adolescent programs implementing the traditional/spiritual aspect on the family cultural values and beliefs of the clients. This leader implements the teaching/educating of the traditional/spiritual ways to program staff and community, schools and other organizations. The 12 traditional steps are implemented with the sweat lodge for those clients culturally oriented. An ***additional service*** aspect is a family counselor, who works with families that have been identified as needing a structured family program. The counselor conducts family groups using alcohol and other drug-related material, and works closely with the traditional spiritual leader.

Program ***evaluation*** is documented through program reviews, quarterly reports, and case management documentation. Follow-up assessment of adolescents involved in the residential aftercare program reveals a high percentage have increased the length of their sobriety.

Keys to the success of the program are having a staff with two years or more of sobriety, a commitment to improving services, and developing a well-represented community alliance to ensure a wider range of service and assistance to clients and their families.

Kake, Alaska
Tlinget and Haida Native Corporations

Annual Cultural Camp

Contact:
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Education Department
Organized Village of Kake
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Kake, Alaska 99830
(907) 785-6471

Focus Group: Kindergarten through twelfth grade students

Feature: An eight-day campout style retreat offering day campers and overnighters the opportunity to participate in activities of cultural significance, with an emphasis upon living healthier lives free of substance abuse.

Program Description:
In its fourth year of operation, the Annual Cultural Camp represents the culmination of effort and ***collaboration*** of the Organized Village of Kake's education department, Johnson O'Malley Program, and the educational parent committee, who all saw the ***need*** for an extended event which would provide the youth with a healthy and culturally rich environment. From the roots of involvement in 1989, the ***planning team*** has grown to incorporate a number of agencies, people and programs with the Organized Village of Kake. Local businesses, tribal government and other tribal programs, the school system, judicial and law enforcement agencies, health and social services, religious organizations, media, families, and many more, all play an active part in organizing, offering resources and assistance, and operating the campout. It has become a truly unique ***community empowerment project***. The Organized Village of Kake is located on an island southwest of Juneau which requires the entire community to work collaboratively together for the campout and other events.

The ***activities and structure*** of the week-long event provide the participants with a rich experience. The camp begins on a Saturday in July when youth and adults work together in setting up the camp site, which includes clean up, repairing existing structures, chopping wood, pitching tents, and filleting and smoking of halibut and salmon. Each day begins with a 5:30 AM wake-up call, when work begins on starting or maintaining the smokehouse, hanging filleted strips of salmon or halibut in the smokehouse, and getting breakfast ready, just in time for the arrival of all the daycampers. A ***major aspect*** of the campout is that the participants are responsible for all meals, including the preparation, cooking, serving, and clean up, which serves to stimulate collaboration and responsibility to others. ***Activities*** for the participants include swimming, hiking, storytelling, guest speakers, canning, repairing forest trails, and various cultural games. On a particular day, participants might repair a stream dam, dig a fire pit and gather wood, pick wild asparagus and elderberries, learn how to make paint and tools, strip cedar bark to weave bracelets, clean and cut bear, salmon, seal, and octopus, and paint family crests. Throughout the week-long activity is woven the constant message of healthy living, free of substance abuse.

The youth participants engage in discussions with a variety of ***speakers and topics***, providing a great opportunity to teach and learn from each other on a wide range of topics. These topics range from learning about the impact logging has on the environment and what's being done to curb that impact, to gaining insight to medical, health and law enforcement careers. ***Presentations*** on alcohol and other drug issues range from youth groups to family dynamics. A representative from Raven's Way, a program for troubled and misguided youth in Sitka, discusses the program and how it works with the juvenile judicial system in Kake. Several elders and young adults speak from a personal viewpoint about the impact alcohol has had on their own lives and the lives of family and friends close to them. Many of the youth become involved with a cultural song and dance group, the Keex' Kwann Dancers, as they practice their drumming, singing and dancing nightly around the fire.

Evaluation forms are filled out on a daily basis by all youth, adult chaperones, and guest speakers. Information is utilized to guide the planning for the following year's event. Youth have indicated experiencing growth in understanding more about subsistence living, alcohol and other drug impact on families and communities, and gaining new friendships. A ***key component*** of the Cultural Campout is the need to seek out and obtain full support from the community members and agencies, to ensure a well-rounded experience for the youth. An ***indicator of success*** is that the campout has led to a easing of tensions surrounding issues of turfism and barriers to collaboration within the community.

Klamath Falls, Oregon
Klamath Tribes

Partnership For A Drug Free Klamath County

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Partnership For A Drug Free
Klamath County
10501 Washburn Way
Klamath Falls, OR 97603
(503) 884-3786
1-800-642-2169

Focus Group: All members residing in the boundaries of Klamath County.

Feature: A partnership of agencies and organizations working together to develop a comprehensive short and long-range plan for a county wide coordinated approach to alcohol and other drug prevention and wellness promotion.

Program Description:
Funded by a grant from the U.S. Department of Health and Human Services, Center for Substance Abuse Prevention (CSAP), the Partnership for a Drug Free Klamath County (PDFKC) is designed to build an ***effective county-wide alliance*** of agencies and organizations with the specific aim of reducing the incidence of alcohol, tobacco and other drug abuse-related issues. The ***goals*** of the Partnership are to: establish a county-wide partnership of agencies and organizations; educate and train youth, families, providers, professionals and the county at large about alcohol and other drug (AOD) prevention, abuse, resources, and positive alternatives to AOD abuse; and strengthen leadership among teens, and the county population at large to create positive alternatives to AOD abuse and promote a healthy lifestyle. After extensive assessment and data collection, the members of the Partnership focused on four risk factors in developing the long-range ***strategic plan***: ***1)*** parental involvement in crime, and alcohol and other drugs; ***2)*** low commitment to school; ***3)*** early first use of substances, and ***4)*** community laws and norms favorable toward use. Through the ***assessment process,*** the Partnership has completed a plan to measure impact on the four risk factors through a system of tracking eleven baseline indicators.

From the beginning, the effort to organize a comprehensive representation of the community has been the major priority for building a ***collaborative partnership***. With the Klamath Tribe serving as lead agency in the Partnership, they have successfully recruited, nurtured and maintained the involvement of 43 agencies. With the focus of the first two years on ***coalition building,*** the Partnership has achieved remarkable diversity in its membership through prevention training events, retreats, and other strategies to deal directly with and overcome internal conflict. Utilizing consensus building for the ***decision***

making process is an effective strategy for maintaining high levels of participation by providing all members an opportunity for input in decision making. This process makes it difficult for a few members or groups to dominate the interaction, forcing problematic issues into the open and providing a forum for resolution.

The Partnership has ***four organizational components***: ***1) the PDFKC Steering Committee***, responsible for directing the PDFKC; ***2) the Partnership staff***, including a program manager, substance abuse prevention coordinator, and a secretary, who provide assistance to the steering committee; ***3) the Klamath Tribes*** who, as lead agency, are responsible for the administration of the CSAP grant; and ***4) an extensive committee structure***, responsible for implementing the program, and which relies on a number of internal groups to operate program activities. The ***committees*** have been formed to address issues and develop strategies for strategic planning, the youth, developmental dollars, media, multicultural, bylaws, and conflict management.

Training for the Partnership is provided by Seabert Associates, Klamath County area experts, and CSAP. Committee building, coalition training, team building, consensus building and facilitation skills, grant writing, conflict resolution, adolescent parent training, preschool parent training, junior high youth peer helper training retreats, are some of the trainings sponsored and attended by the Partnership.

Assessment of the Partnership is under the management of an outside evaluator from Northwest Regional Educational Laboratory. ***Process evaluation*** includes minutes from Partnership meetings, observations of meetings, quarterly self-assessments, evaluation of trainings, retreats, and activities, and interviews with Partnership and key community members. ***Outcome evaluation*** activities involve the careful monitoring of AOD Indicators established from baseline data in the community profile. ***Indicators of success*** include: the commitment of 41 agencies and organizations to be involved in the Partnership; trainings and activities which have been well attended and proven effective; Partnership meetings that have been appropriately scheduled to allow for maximum attendance; and a newsletter published and distributed by the Partnership which generates tremendous awareness of the Partnership, substance abuse issues in the county, activities and trainings open to the community, and documents successful stories and events occurring as a result of the Partnership.

Key aspects to the success of the Partnership include a substantial effort in developing skills for coalition building, networking, and conflict resolution. This has led to the successful involvement of the various agencies and organizations in Klamath County.

Hoopa Valley, California
Hoopa, Yurok, and Karok Indian Nations

Bright Futures Project

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Bright Futures Project
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Focus Group: Students enrolled in the Klamath-Trinity Unified School District and their families, with an emphasis on students in transition between 8th and 10th grades.

Feature: A collaborative partnership providing students and families with a comprehensive program of activities, support, leadership opportunities, wellness promotion, and school/community relationship development.

Program Description:
A ***survey*** administered in early 1992 revealed a tremendous ***need*** to develop a more ***collaborative relationship*** between the school system and the community it serves. Particularly disturbing to the community was the very high drop-out rate among eighth to tenth grade students, as well as feelings of animosity between school and community. It was determined that a program of support was needed for the students of concern and that there was a need to begin the development of a ***comprehensive program*** addressing the needs of the community and school system. Norma Pole, Bright Futures Project Coordinator began meeting with the high school principal and, together, they formed a ***planning team*** consisting of representatives from the school, Indian Health Services, Hoopa Health Association, churches, youth groups, and parent organizations. In working together the group developed a ***Wellness Planning Council*** as the collaborative entity dedicated to addressing the issues raised from the assessment survey. ***Collaborative partnership building*** is vital to the program's concept in order to help the community and youth to feel empowered to see their own needs and work together toward solutions.

Training provided by the Wellness Planning Council and offered to the community focused on facilitation skills, prevention, awareness, community empowerment, developing partnerships, networking and collaboration. The Council also provided training for the youth in substance abuse awareness, peer helpers, cross-age tutoring, mentorship, support groups and empowerment.

In developing a ***strategic plan***, the Wellness Planning Council established several goals and objectives focusing on three components: ***the school, individual/peers, and family.*** ***Results*** of the strategic plan have been the establishment of a ***School Climate Committee,*** which includes several students, creation of a ***transition program*** for 8th grade students in feeder schools, ***student involvement activities*** such as a peer helping program, youth advisory groups, a teen court; and plans to create a student radio program. Other ***strategies*** include a complete review of school procedures to ensure that a clear alcohol/drug policy is in effect and establishing a student services center to provide assistance to students with personal and family issues. Another important strategy is to develop community prevention planning councils in each of the targeted communities in an effort to build a more ***comprehensive collaborative approach*** to helping all children, families and their communities on issues relative to substance abuse.

Key aspects to the success experienced thus far include extensive effort to gain the involvement of key people from various agencies, working together in a truly collaborative process, and meeting the needs of a planning group with effective training and skill development in order to empower agency personnel to work more efficiently in meeting the needs of a community.

Salem, Oregon
Various Northwest and Alaska Native Tribes

Chemawa Alcoholism Education Center

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Program Director
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Focus Group: Off-reservation boarding school students, grades nine through twelve

Feature: A campus-wide student assistance program serving high school students with assessment, intervention, prevention, drug education, treatment and outdoor recreation therapy

Program Description:
Operating on the campus of Chemawa Indian Boarding School, the Chemawa Alcoholism Education Center (CAEC) was established in 1971 to assist students on campus with alcohol and other drug-related problems Chemawa Indian Boarding School, founded in 1880, is one of five remaining off-reservation boarding schools which serve federally recognized tribes Students in grades 9-12, mostly from the Northwest states and Alaska, attend Chemawa ***Formal and informal surveys*** were administered to Chemawa Indian School board and school staff during the 1985-86 school year The ***results indicated*** a high percentage of alcohol and other drug (AOD) incidents among the student population and indicated a high level of ***need*** for an AOD prevention/intervention program

A ***planning team*** consisting of school board members and school staff began the process of assessing and prioritizing needs and strategies While the first several years of CAEC focused on detoxification and crisis intervention, the ***planning team*** sought out strategies to shift the program focus The result has been the development of a program that provides high quality, culturally sensitive outpatient services assessment, intervention, prevention, drug education, treatment, and outdoor recreation therapy Through a ***collaborative effort*** CAEC has formed critical ***community alliances*** with several agencies and organizations The Oregon State Office of Alcohol and Other Drug Abuse Prevention, Salem-Keizer Together, Primary Residential Treatment Programs, and Bureau of Indian Affairs Social Services form the collaborative network which supports and provides services to the CAEC program ***Funded*** through a contract with the Indian Health Services (IHS), Chemawa Alcohol Education Center has a staff of nine, including an intervention specialist, three counselors and two recreation therapists

Chemawa Alcohol Education Center program offers several ***service components and activities***. ***Individual and group counseling*** includes the initial assessment required for all alcohol and other drug incidents, an eight-week misuse level group, a 16-week abuse level group, an aftercare setting for Alcoholics Anonymous or Narcotics Anonymous, and a 30-45 day inpatient treatment referral to Primary Residential Treatment. ***Recreation therapy*** addresses the healing process through safe, playful interaction designed to generate experiences of support, trust and joy. Activities include challenge course, white water rafting, and snow skiing. ***Cultural activities*** include Prayer Circles, Talking Circles, Sweat Lodge ceremonies, and an annual Pow-wow held in the fall and spring. ***Prevention activities*** include many alcohol and other drug-free alternative events provided for students, such as Sobriety Dances, youth workshops, Oregon Teen Institute, and Natural Helpers. Positive reinforcement is also provided through Sobriety Recognition Banquets, certificates, medallions, key chains, movie passes, T-shirts, jackets, sobriety birthday cakes, and the earning of "Big Bucks" which can be used at the campus snack bar.

Some ***training*** activities have been provided through the collaborative relationship with Salem-Keizer Together and the Oregon State Office of Alcohol and Other Drug Abuse Programs. In addition the CAEC staff attended the 1986-87 National Children of Alcoholics Conference held in Los Angeles, California. Other trainings include Oregon Teen Leadership Institute, Oregon Prevention Resource Center, and Northwest Indian Council on Chemical Dependency.

Evaluating the program's success involves the assessment of monthly lists of substance abuse violations and a Quality Assurance Survey of student satisfaction with the program administered on a quarterly basis. A powerful ***indicator of success*** comes directly from the monthly substance abuse violations list which shows the number of violations has been reduced by over two-thirds since the 1985-86 school year. Actual numbers reflecting this reduction are 1,486 AOD incidents in 1985-86 to 403 incidents in 1992-93.

Keys to success begin with the recognition of the problem by the Chemawa School Board, a commitment to work towards a Drug-Free school and the adoption of school policies supportive of this commitment. The support offered by the school board has been the key in overcoming the obstacles of staff and tribal community enabling, as well as a lack of understanding of substance abuse by both Indian Health Service headquarters and National Tribal Leadership. A well-trained staff committed to supporting a well-defined mission for the improvement of the health of youth is the foundation for the program's success and impact upon individual lives.

Midwest Regional Center For Drug-Free Schools And Communities

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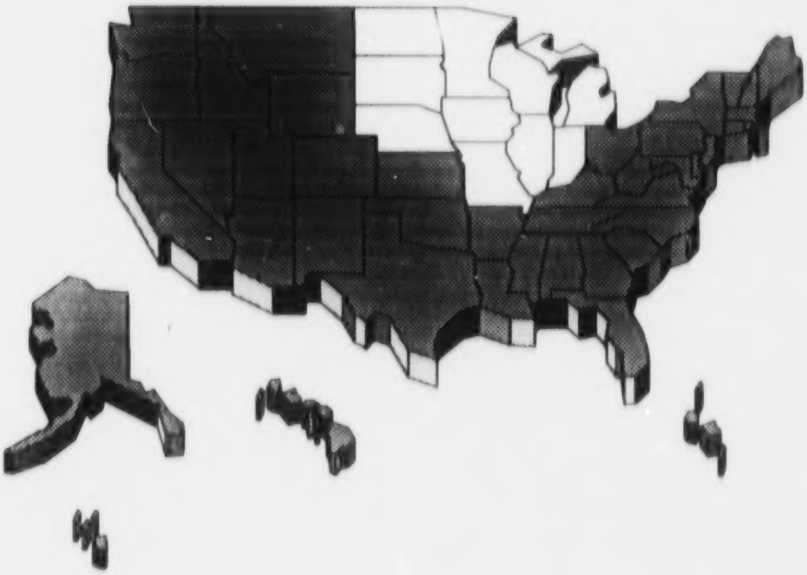

Belcourt, North Dakota
Turtle Mountain Chippewa Indian Nation

Turtle Mountain Drug Free Schools and Communities Program

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Turtle Mountain Schools
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Belcourt, North Dakota 58316
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Focus Group: Elementary, middle and high school students.

Feature: A comprehensive alcohol and other drug program serving 1,500 students by incorporating prevention, intervention, assessment and referral, training, and community involvement.

Program Description:
A 1989 ***assessment*** revealed the ***need*** for a stronger, more comprehensive student assistance program to reach all students involved in educational programs on the Turtle Mountain Chippewa Reservation. In response to the assessment, the ***Turtle Mountain Community Prevention Network planning team*** was formed to bring together a strong ***community alliance*** of agencies and community leaders. Twenty three agencies and individuals are involved in the ***collaborative Network***, which serves as a forum to discuss mutual concerns, formulate strategies, and develop action plans. A significant step in the planning process has been the adoption of the Network's program mission, goals and objectives, and strategies for implementation into the Turtle Mountain ***Tribal Strategic Action Plan***. The activities of the Tribal Strategic Action Plan are comprehensive in nature and demonstrate a commitment by the tribe to promote wellness throughout the entire tribal community.

Program ***activities*** entail the following ***four components: 1) Prevention Education***—K-12 AOD Curriculum; ***2) Early Intervention—assessment*** and referral for services; ***3) Training***—a five-year training plan for the school system's addiction counselors; and ***4) Community Support and Involvement***—active interaction between the Prevention Network and community prevention activities. Although the focus of the program is on the school system, it promotes a variety of activities and events that reach out to the entire Reservation community.

Training for the staff and community has included fetal alcohol syndrome and fetal alcohol effects, and their impact upon a family and school system. Program staff, in particular the addiction counselors, undertook a nine-month practicum course of study—a six-month inpatient and three-month outpatient focus. The addictions counselor trainees must have the required coursework completed prior to training and must pass written and oral examinations. Training and instructional services have been provided through a ***collaborative partnership*** with the consortiums of James River and Lake Region Human Services Center.

Evaluation of the program includes ***data collection*** in the school system to reflect AOD incidents by category, grade, number of students involved, referrals to treatment, students in aftercare, and number of sessions with parents/community. An ongoing system of assessing the trainings and community support/involvement entails onsite evaluations of participant numbers, demographic information, and event appraisal. The evaluations serve to assist the Network planning team to effectively strategize for the next year.

Keys to success include having a vision that a single agency working alone will not be as effective as organizations ***working collaboratively***, recognizing the need to effectively train addiction counselors to help them assist students more professionally, and enlisting ***key community leaders*** to overcome resistance to efforts of change and forming community alliances.

Gresham, Wisconsin
Menominee Indian Tribe

TRAILS: Testing Realities and Investigating Lifestyles

Contact:
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Focus Group: Children and youth five to eighteen years of age.

Feature: A drug abuse prevention program providing youth with educational and recreational activities richly invested with Menominee culture and tradition.

Program Description:
Beginning in 1975, the Menominee Indian Tribe conducted a ***comprehensive health survey*** to determine community ***needs.*** The results, which ***revealed*** wide use of substances among teenagers, prompted the tribe to seek and receive ***funding*** from the state of Wisconsin to start the TRAILS program. Renee Wilber, Prevention Coordinator for the Menominee Tribe, recruited and obtained the involvement of a ***collaborative planning team*** made up of the Tribal Planner, counselors, adolescent health coordinator, nurses, and Maehnowesekiyah's system manager and agency director. The ***planning team*** worked diligently to develop the program and various strategies. In designing the prevention program, the planning team recognized the need to build upon and strengthen children's pride in their Menominee heritage and themselves before substance abuse prevention could occur.

Training for the staff and community has been facilitated through a ***collaborative relationship*** with the University of Wisconsin-Green Bay. Together with the planning team, the University assesses the needs of staff and community members to effectively design training modules with an emphasis on prevention. ***Training topics*** include: Prevention Right From the Start, Gang Intervention, Inhalent Abuse, Child Abuse and Neglect, and BABES (Beginning Alcohol and Addictions Basic Education Studies). Effective training and diligent work has ***empowered*** the staff to develop age-appropriate material and activities ingrained with healthy living messages.

Some of the ***activities*** offered through the program include eight youth groups per week, provided for five to 18 year olds, facilitated by trained staff, and once-a-month Family Nights, which encourage family members to gather together and share an evening of activities and discussion. Through well established ***collaborative community***

alliances, the various agencies are involved in sending and receiving referrals, volunteering time and services, and sharing time and space for the purpose of offering a wide range of activities and support services.

Monitoring program progress includes collecting data generated from parent surveys, intake forms in each agency relative to services connected to the TRAILS network, monthly newsletter mailings, and activity attendance rates. ***Indications of progress*** and success include high referrals to the program, increased parent involvement with their children, and participant feedback via the newsletter's topic page, which attests to increased awareness levels of the program and substance abuse-related issues.

Extensive planning and age-appropriate materials are the ***keys to TRAILS' success***. Additionally, program staff live on the reservation and are known throughout its system as trustworthy and dedicated to the needs of the community. One major conflict arose when TRAILS group meetings were held at the same time as other activities. This problem was resolved by scheduling the group meetings around the various activities.

Planning ... Planning ... Planning is the bottom line when making ***recommendations*** to other areas wanting to develop any system of community prevention and intervention. Without planning and involving a myriad of agencies, TRAILS would not be experiencing the success it has today.

Gresham, Wisconsin
Menominee Indian Tribe

School Intervention Program

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Coordinator
Maehnowesekiyah Treatment Center
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Gresham, Wisconsin 54128
(715) 799-3835

Focus Group: Junior and senior high school students

Feature: A program that provides service and opportunity for adolescents who require or desire greater support and assistance to achieve success in school, particularly in providing support groups as needed.

Program Description:
A January 1993 ***assessment*** of junior and senior high students ***revealed*** an unusually large number of student suspensions and expulsions in the Menominee Indian School District. ***In response*** to the assessment results, a ***planning team*** from the School District and Maehnowesekiyah Treatment Center worked together with students and families to develop an action plan to help identify problems and modify behavior, thereby assisting the student to work at his/her maximum potential. The ***planning team*** consisted of Maehnowesekiyah Treatment Center's Director, Counselor Coordinator, Residential Counselor, Case Manager, and Adolescent Counselor, along with Menominee Indian School District's Superintendent, high school Principal-Guidance Counselor, and In School Suspension Program Coordinator.

Though relatively new to the community and school system, the School Intervention Program has already served to bring various factions of the community together for the purpose of uniting efforts toward a ***shared goal***—helping youth lead more productive and healthy lives. The underlying philosophy of the program seeks to empower the students to work to their full potential, thereby strengthening the community's growth and understanding of its traditional social values. The ***School Intervention Program components*** entail a six-week open-ended program, meeting twice per week on school grounds, and family sessions conducted every other Saturday through the Treatment Center. Based on information gathered, an action plan with specifically defined goals is developed and agreed upon between the student and counselor. Through the Maehnowesekiyah Treatment Center the groups confront and discuss issues such as peer pressure, communication, assertiveness/feelings and defenses, positive self-talk, adolescent health, alcohol and other drug abuse, and anger cue/time outs.

Developing a ***community alliance*** among various agencies and programs provides the ***foundation for success*** of the program as each alliance member contributes service support and referrals. Joining the Treatment Program and School District are Family Services, Juvenile Justice/Court System, Law Enforcement Department, Social Services, and Tribal Human Resources. Without the collaborative support and assistance, the program would be difficult to operate. ***Funding*** for the School Intervention Program is provided through Tribal sources.

Monitoring progress involves data collection from a student's social history and individualized action plan, in addition to minutes from Team meetings held by the high school and Maehnowesekiyah Treatment Center. An immediate ***indicator of success*** was fewer student referrals to the principal per month following the implementation of the program.

The ***key to success*** for the School Intervention Program was developing a team approach and actively promoting community alliances among agencies. Also, implementing ***community service*** programs is proving to be very important to the youth.

Flandreau, South Dakota
Twenty-Six Tribal Nations

Flandreau Indian School

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Flandreau Indian School
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Focus Group: Off-reservation boarding school students in grades nine through twelve.

Feature: A proactive, multifaceted alcohol/substance abuse counseling program provided by a certified counseling staff to a student population of 600, representing 26 different tribes.

Program Description:
Through self-disclosure on a personal history questionnaire, 90 percent of the students enrolled at Flandreau revealed that they came from homes where alcohol is a ***problem.*** The dysfunctional environment in which these children live has hindered their decision-making skills, leading to their own development of substance abuse patterns. Records from the 1992-93 school year indicated that approximately 120 students were disciplined for use of a substance. The ***needs*** of Flandreau students were clear, as was the need to respond.

In response to the issues revealed, Flandreau Indian School developed a counseling program utilizing ***collaborative working relationships*** with off-campus agencies and services. A ***planning team*** of on- and off-campus Counselors, Counseling Technicians, and dormitory personnel began meeting to determine appropriate steps to develop in order to meet the needs being expressed by the students. Providing the ***framework*** of the counseling program are ***three objectives***: ***1)*** Identify and place students in the school's AOD program; ***2)*** Provide access for all students to a comprehensive health education program; and ***3)*** Implement group support systems for education, prevention, and coping skills.

Through the ***planning process*** and involvement with off-campus agencies, the planning team established and implemented several ***strategies*** to carry out the mission and objectives of the counseling program. On-campus adolescent support groups provided on a weekly basis include Alateen, Alanon, and Teens Need to Talk. Off-campus services include weekly AA and Alateen meetings, with transportation to and from sessions provided by the school system. Another component involves large group alcohol and other drug-free activities provided to all students on a monthly basis. Students are asked to sign contracts to remain alcohol and other drug-free for attendance to the large group activities.

Evaluating the counseling program includes data collected from yearly informal assessments, new student self-disclosure survey, and monthly alcohol/drug incident reports. ***Records and information show*** that the alcohol/drug usage is declining on a yearly basis, as are behavioral referrals to the discipline program.

Key components to success indicated by the staff of Flandreau Indian School include ***care, concern, and consistency:*** provide the ***care*** and counseling for those in need, ***be concerned*** about those students not involved with substances, and ***be consistent***—do what you say you are going to do.

A ***recommendation*** for other schools is, do not wait for that "perfect program," as it's not out there and procrastination will only delay services to the children. Develop a program through collaborative networking of services and "go after it."

Black River Falls, Wisconsin
Winnebago Indian Nation

Winnebago Youth Service Program

Contact
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Winnebago Department of Health and
Human Services
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Black River Falls, Wisconsin 54615
(608) 784-3083

Focus Group: Youth, ages twelve to eighteen, residing throughout fourteen counties.

Feature: A prevention program providing activities on a daily basis in the areas of education, culture, recreation, and social avenues of development.

Program Description:
The ***need*** for a youth activities program was revealed through a ***community-wide survey*** administered in 1990. Responding to this urgent need to provide assistance to the youth at risk for substance abuse, a ***planning team***, consisting of the tribe's Mental Health and Health Directors, Health Education Director, and the Alcohol and Drug Program Director convened to begin the planning process. The ***initial goal*** of the planning team was to develop a ***collaborative partnership*** among the various agencies that work closely with youth and their families in order to provide a comprehensive array of services and activities. The broader the partnership network, the more effective the reach would become in assessing the needs and appropriating the necessary services.

The Winnebago Youth Services Program provides ***activities*** that are sequenced on a daily basis to provide a different prevention focus for the youth each day. Youth Service Coordinators are responsible for carrying out the scope of work relative to the activities. Over the course of a five-day period, the youth are involved in ***recreational, cultural, educational, physical fitness, and leadership activities.***

Recreational activities involve youth in swimming, basketball, volleyball, softball, and other seasonal games. ***Cultural activities*** include storytelling, arts and crafts, and language development. Biking, walking, jogging, rope-skipping, and aerobic exercise are part of the ***physical fitness activities*** employed to build up body and health awareness. The ***educational*** focus utilizes films, videos, various curricula, guest speakers and group discussions on a variety of topics. Youth learn about ***leadership*** through participation in a Youth Council. During meetings, they plan and approve Youth Council activities or establish special projects and programs. Additional activities include community service projects and fundraising to attend UNITY 2000 Conferences each year. Special events, such as attending the UNITY Conference and Mass

Communications Camp, are offered twice a year and are held as special incentives for the youth.

Training for staff members is coordinated through a collaborative partnership with the University of Wisconsin. Areas of training include adolescent alcohol and other drug abuse prevention strategies, peer pressure, decision-making skills, team building, and conflict management.

Evaluating the progress of the program entails data collection on the number of activities, type of activities, number of participants, percentage breakdown of male/female participants, and parent and family involvement. This information is utilized as a planning tool to assess the levels and type of participation in activities and which activities produce the most involvement from the youth and their families.

The ***key to success*** in this type of program is directly related to the collaborative partnerships established within the community. ***Funding***, which comes from Indian Health Services, is also a key aspect of a successful program.

Lac du Flambeau, Wisconsin
Lac du Flambeau Band of Lake Superior Chippewa Tribe

Alcohol and Other Drug Prevention-Intervention of American Indian Youth

Contact:
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Family Resource Center - L.D.F.
Chippewa Tribe
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Lac du Flambeau, Wisconsin 54538
(715) 588-3303

Focus Group: Families with children ages four years and older.

Feature: A community-based alcohol and other drug prevention and intervention program, specifically a bi-cultural approach, using the Ojibwe language, history, and cultural teachings unique to the Lac du Flambeau Chippewa Tribe and reservation.

Program Description:
A 1983 community survey of families on the Lac du Flambeau reservation revealed the ***need*** for a community-based alcohol and other drug abuse prevention and intervention program, specifically a bi-cultural approach working with the entire and/or extended family, using Ojibwe language, history, and cultural teachings. The survey respondents overwhelmingly supported the idea of such a prevention and intervention program. The ***planning team***—community agency representatives and individual reservation members—***worked collaboratively*** to begin formulating an ***action plan*** to address the expressed needs of the community. Their ***initial step*** was to obtain ***funding*** from the Center for Substance Abuse Prevention, then to establish a program staff and advisory board.

The project ***staff*** includes a Director, Assistant Director and Project Secretary, responsible for overall administrative activities and planning; an Outreach Coordinator, who conducts in-home visits and provides referral assistance to additional services; a Children's Coordinator, responsible for conducting all children's groups for ages four through 12 years and assisting with adolescent groups; an Elders' Activities Coordinator, who conducts grandparent groups and assists in the elders' outreach component and Elders' Resource Council; an Ojibwe Language Coordinator/Instructor, responsible for directing the Elders' Resource Council and teaching the Ojibwe language to various groups, and a Media Consultant, who works with the Director in public relations. A Project Advisory Board was formed to provide guidance and advice to review the eight program components.

Activities are cultural in focus and serve to promote family gathering and communication. Each year, since 1983, twenty-five different families have participated in a twenty-four-week family curriculum model, in addition to weekly cultural gatherings at the ***Round House.*** In an attempt to revitalize cultural identity and awareness in 1984 the ceremonial Round House began to be used on a more regular basis for traditional ceremonies and gatherings. The Round House has become a central aspect of the prevention-intervention programming strategies bringing families together in a positive manner.

The ***Family Circles*** component of the program serves to develop and maintain ***collaborative inter-agency linkages*** with programs and services vital to families and their children. The ***networking relationships*** with Tribal Human Services, Family Resource Center, Chippewa Health Center, Lac du Flambeau Public Grade School, Lakeland Union High School, and Tribal Government are proving very effective in developing a project newsletter, monthly feasts, co-sponsoring sobriety Pow-wows, run/walk events, Round House events, and presentations for a variety of community groups.

Training for project staff includes yearly continuing education and advanced degree work, since all staff members hold B.S. degrees in social work. Other aspects of training include identifying five different communities per year to receive intensive ***Ojibwe language instruction.*** The use of the traditional Ojibwe language allows participants to achieve greater and more complex levels of self-expression, along with a greater sense of self-esteem, accomplishment, and group tribal belonging. ***Traditional culture*** provides a base and gives direction and substance for self-identity and self-esteem needed for healthy living to counteract alcoholism. Project staff state clearly, "In the anatomy of the Ojibwe culture the language is the fiber, the genetics, and the skin that unifies it and lends it its beauty." The ***Talking Circle*** format is utilized with the Family Circles activity, as well as with project staff meetings, which allow and encourage members to openly share thoughts, feelings, and concerns in an uninterrupted manner.

Evaluation utilizes two primary systems of record-keeping maintained for process and outcome evaluation purposes. The ***Project Management Plan Charts and Weekly Project Component Activity Forms*** are used to monitor and record the necessary information. In addition, individual and family folders are maintained for each project participant to help track involvement and progress. A ***major finding*** of the process evaluation revealed that hiring staff who actively practice the values and behaviors espoused in the program is an important factor in the success of the Family Circles component. Data results show the impact and effectiveness of the program upon families completing the program. A ***major accomplishment*** of the project has been the completion of project goals and work plans during the three years of a five-year grant.

A ***recommendation*** for others interested in a similar program is to visit the Family Resource Center in Lac du Flambeau.

Mt. Pleasant, Michigan
Saginaw Chippewa Tribe

Ojibwe Substance Abuse Services

Contact:
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Ojibwe Substance Abuse
Saginaw Chippewa Tribe
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Focus Group: All members of the Saginaw Chippewa Indian Tribe and other eligible Native Americans through the local Tribal Health Department.

Feature: A comprehensive program that provides screening and assessment, community education and prevention, outpatient treatment and aftercare, and residential youth rehabilitation.

Program Description:
A 1979 community ***survey*** revealed a ***need*** for the health programs servicing the reservation community ***to become more unified and collaborative*** in nature in order to provide more effective service. Community members felt that the system was disjointed and needed an overall effort to move toward a wholistic system that both compliments and assists the individual programs operating within the framework to become more effective. Several ***key members*** of the community took a ***lead role*** in developing a well-represented ***planning team*** to address the need to form ***collaborative partnerships*** among agencies and programs. Individuals from tribal government and other tribal programs, family services, tribal court and law enforcement systems, religious organizations, health and social services, the tribal education department, and the school system (public and alternative) committed their time, energy, and resources to the planning efforts to develop a comprehensive and wholistic community system of health-related services. With substance abuse identified as the single most devastating factor to Indian communities, the planning team was able to focus its effort on wellness promotion and the need to get through barriers to collaboration, such as turfism and denial. The ***lifeblood*** of the prevention effort has been the work of a number of healthy, sober "movers and shakers," who have provided clarity and focus for the planning team.

The overall Substance Abuse Program is administered by a Substance Abuse/Mental Health Administrator responsible for managing all health programs for the Tribe. Services are provided in four areas, each having additional personnel to assist in operation of specific programs. The ***four service areas*** are: ***1)*** screening and assessments; ***2)*** community education and prevention; ***3)*** outpatient treatment and aftercare; and ***4)*** residential youth rehabilitation. Proper balance and service delivery within and among these four program components are critical to effectively provide families, individuals, and the community with comprehensive health care. A correlational aspect to the program involves the ***Medicine Wheel*** perspective on health. The Medicine Wheel engages four areas that must be maintained and effectively interrelated for an individual to be healthy and balanced ***Intellectual, Emotional, Physical, Spiritual***. When addressing substance abuse and service delivery, programs must incorporate a balance of these four vital components. ***Emotional*** well-being is addressed through counseling, learning to deal in a positive way with feelings; the ***Intellectual*** well-being through educational programs designed to increase the knowledge base; the ***Physical*** well-being through recreational alternatives which celebrate the body's strengths and skills; and the ***Spiritual*** well-being through a recognition of a higher power and a relationship with other living things.

With the Medicine Wheel in mind, program ***strategies and activities*** followed a systemic planning approach in establishing ***six objectives*** as the foundation: ***1) Provide school-based prevention programs***, such as inhalant abuse education; ***2) Provide substance abuse education to parents and community*** through quarterly substance abuse workshops open to all; ***3) Conduct passive programming*** (media campaigns), such as writing and contributing articles for publication in local and regional media; ***4) Provide substance abuse alternative activities*** through the Youth Center, such as hosting cultural workshops open to youth and families, facilitating a Women's Warrior Society for females age 12 and up, assist in forming a young men's group, and implementing a weekly movie night at the Youth Center; ***5) Participate in planning of special events***, such as the Freedom Walk, Family Unity Conference and Olympics, and Little Elk Retreat/Pow wow; ***6) Address staff development and networking***, including staff meetings, in-service and annual retreats.

Evaluation of the Ojibwe Prevention Plan is reviewed at each regular staff meeting. Staff are required to include their involvement with various activities on monthly narrative reports, which have proven very useful for assessing overall program direction. Units of service provided for prevention and intervention are ***documented*** within each service area and shared with the program planning team in assessing collaborative efforts and effectiveness of service delivery.

A ***key aspect of success*** for the program is the closeness of the community, a kinship and tie to each other that is very strong and significant, allowing people and programs to draw strength from each other. The constant thought that "the pain of one is the pain of all" serves to keep a clear focus on efforts. The ***collaborative partnerships*** exist and are the ***foundation*** of the success of this program.

Southeast Regional Center for Drug-Free Schools and Communities

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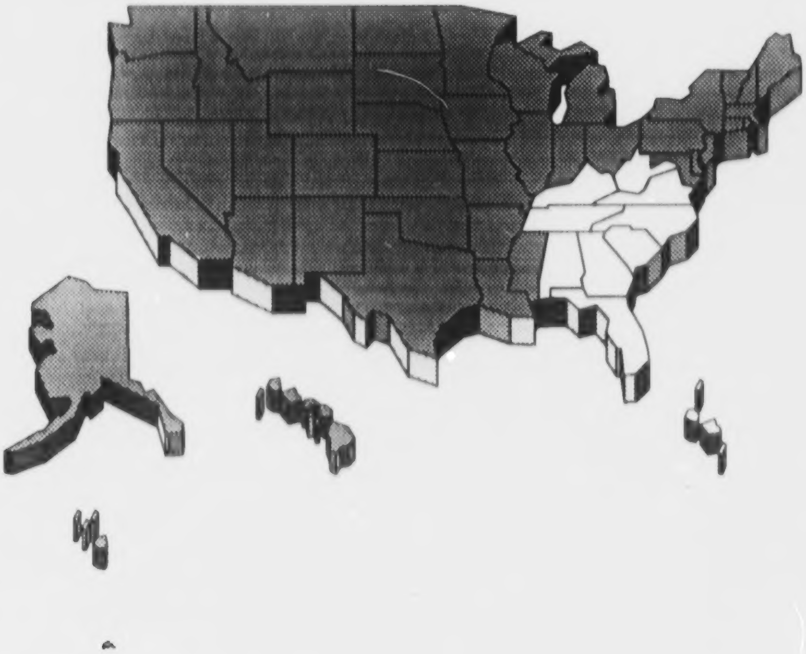

Hollister, North Carolina
Haliwa-Saponi Indian Tribe

Haliwa-Saponi After-school Youth Program

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Youth Program
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Focus Group: Middle and high school students.

Feature: After-school alternative activities program, including educational, cultural, and recreational activities, offered to Indian youth and led by positive adult Indian role models.

Program Description:
The Haliwa-Saponi After-School Youth Program is part of a county and state prevention plan, ***designed*** to meet the ***needs*** of rural youth by offering alternative positive activities. A tribal ***community survey*** was administered in 1985 ***revealing*** a strong desire and need for an after-school program targeting high-risk youth, but offered to all youth. Members of the tribal center staff and tribal council discussed the findings and ***worked collaboratively*** to develop a ***plan*** of seeking funds for and implementing an after-school program. ***Funding*** was obtained through High-Risk Youth Program Funds from the Drug-Free Schools and Communities Act of 1986.

The ***planning team established three components*** to the after-school program: ***educational, cultural***, and ***recreational.*** Activities and structure of each component works from a developmentally appropriate and practical standpoint, seeking to generate as much involvement as possible. For the ***educational component***, structured workshops are held once a week, addressing such topics as substance abuse prevention, teen pregnancy prevention, suicide prevention, peer pressure, decision making, self-esteem, and HIV prevention. Academic assistance is also provided on an as-needed basis. ***Cultural component activities*** instruct students on the preparation and making of traditional and contemporary Native American arts and crafts, such as different styles of beadwork design, and regalia construction. Workshops and discussions are held to actively engage students in dialogue about the Haliwa-Saponi Indian Culture, history, drumming, singing, dancing, and Pow-wow etiquette. The ***recreational component activities*** include lacrosse, volleyball, basketball and softball. ***Workshops*** address how alcohol and other drugs affect athletic performance, rules and regulations of the activity, sportsmanship and good conduct.

Recognizing the need for collaboration, the ***planning team*** and project staff have worked hard to ***establish community alliances*** with several agencies, programs, and individuals. The ***alcohol and other drug treatment program*** provides training and workshops; ***tribal government*** provides the facilities and mentors; cultural workshops come from other tribal programs; ***Family, health and social services*** provide referral workshops, and resources; ***media*** provides news coverage; ***Title V*** provides cultural and educational workshops; ***religious organizations*** provide speakers and workshops; and the ***school system*** works to provide referrals, follow-up, and assistance to the program.

Training for the project staff has been in the areas of substance abuse prevention, youth program coordination, peer pressure, suicide and HIV prevention. Staff attend several statewide prevention and wellness-oriented conferences.

Evaluation includes ***data collection*** from attendance records, youth evaluation sheets, staff monthly/quarterly/annual reports, site visits by area mental health staff, and school records reflecting academic and behavior issues. ***Indications of success*** reflected from records show students in the program have a more positive self-identity and awareness about their tribe. As students must maintain a certain grade point average, improvement in this area is documented. The percentage of students staying in school and graduating has increased on a yearly basis. Initial information also indicates a decrease in alcohol-related accidents in the community.

One of the ***keys to success*** is the ***community collaboration*** and sharing of the entire program. Project staff are familiar with the community, which lends to the overall strength of the program. Also, an appropriate activities schedule, providing transportation for the kids, providing alternative activities, and promoting positive peer pressure are aspects of developing success.

Recommendations offered to other communities include establishing a realistic budget; recognizing that not all youth will or can be served; being enthusiastic and respectful; establishing clear rules for participants and follow through with consequences and rewards; having a selection process for participants; and actively seeking funding or fundraising avenues through a collaborative effort.

Summerville, South Carolina
Various Tribes

EDISTO Connection

Contact:
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Summerville, South Carolina 29483
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Focus Group: Fourteen- to eighteen-year-old students.

Feature: A centrally managed, comprehensive alcohol and other drug prevention program providing a wide range of activities and experiences focused on building healthy individuals, families and community through tradition, culture, service and leadership development.

Program Description:
Coming out of a ***need*** to develop an ***organizing structure*** and ***overall plan*** to the varied and sporadic youth programs and events, the EDISTO Connection pulled together several individuals from multiple agencies as a ***planning team.*** Janice Oglietti, Director of Prevention Services at Dorchester Alcohol and Other Drug Commission wrote the grant and began the effort of forming EDISTO Connection. Joining Ms. Oglietti were community outreach workers, an adult education teacher, Tribal Council members, and several women from the community. The ***planning team assessed*** past and current events targeting youth and began to formulate a strategy to bring them all under one direction or philosophy to provide a framework for operating more effectively. Prior to EDISTO there was no formalized program, only sporadic activities with no apparent mission or direction. The planning team sought to build ***community alliances*** and was successful in obtaining the support, involvement and resource donations from many organizations, including tribal government and other programs, family/health/social services, religious organizations, the media, the school system, and various volunteer groups.

Activities include youth retreats, annual Red Ribbon Week, monthly meetings for a youth Prevention Club, regular community service activities such as clean-up for the Adopt-a-highway commitment, a summer recreation/culture camp, and various discussion/support groups facilitated by trained staff from within the collaborative community alliance. The EDISTO Connection weekend retreat provides the youth with ***intensive learning experiences*** through short courses, large and small group discussion, guest speakers and becoming part of a CLAN, which consists of four youth and one adult advisor. The CLAN serves as a home group or base group from which are planned the various activities to participate in and follow up. Emphasis is upon teamwork and problem solving, stimulating open discussion about substance abuse issues and other topics of concern to youth

Training for the staff is described as being "on the job" training, with community resource personnel serving as mentors. Outreach workers have attended a number of substance abuse prevention workshops, courses and meetings during the course of a year

Indications of progress come directly from the increasing numbers of people involved and the continued full participation by the youth in programs like the summer recreation/culture week.

Keys to successful programming with the EDISTO Connection include the need to approach AOD prevention by attending to the basic, everyday issues that the people deal with. Nurturing and maintaining a patient and persistent staff willing to take risks, and gaining the support of the elders and tribal council, have been crucial links to the success of the program. Although EDISTO Connection started with the youth, adults in the community have become a very strong force of involvement and participation in the prevention movement.

Recommendations include not letting the lack of funding keep you from developing a program—EDISTO Connection was initially ***funded*** with small, short-term grants and continues today with no funding support for staff.

Cherokee, North Carolina
Eastern Band of the Cherokee Indian Nation

Cherokee Challenge

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Focus Group: Cherokee students, age nine through thirteen.

Feature: Fourteen-year-old reservation-wide adventure-based substance abuse prevention program

Program Description:
Serving over 2,000 youth of the 55,000 acre Qualla Boundary, home of the Eastern Band of the Cherokee Indian Nation, the Cherokee Challenge has been successful in ***building links among all Native American youth*** in the spirit of a common goal—prevention of alcohol and other drug use. Ahead of its time, the Cherokee Center for Family Services assisted in the administration of a ***self-confidence and self-esteem survey*** among elementary students in 1979. The ***results*** revealed Cherokee students scored significantly lower in those areas on psychologist-administered tests than students from other geographic and racial backgrounds. A ***planning team*** consisting of the school psychologist, parent organization members, and staff from the Cherokee Center for Family Services immediately began laying groundwork for an adult volunteer to run an adventure-based program which has remained totally focused on Cherokee youngsters' esteem needs and risk factors. The ***planning team*** eventually grew to include parents, teachers, youth services program representatives, and other social service professionals.

The Cherokee Challenge program ***asserts*** that through the development of adventure-based skills, youth will learn practical skills for healthy decision making. Approximately 120-160 ***Cherokee youth are involved in a 12 week adventure-based skill development program.*** ***Goals*** of the program are: ***1)*** reduce the incidence of drug experimentation; ***2)*** reduce the drug abuse risk factors of participating youth; ***3)*** increase protective factors of participating youth; ***4)*** evaluate the effectiveness of the program on self-concept, alienation, and substance abuse. During the 12 weeks, youth are engaged in at least one two-to-three hour meeting per week and a 12 - 30 hour outing, wherein problem solving, decision making, risk taking, and issues of substance abuse are confronted and worked on. ***Activities*** include work on a Ropes Challenge Course, whitewater canoeing and rafting, backcountry exploration and orientation, and other team/individual challenging activities that incorporate group cooperation/management skills and individual risk taking.

All staff have received ***high caliber*** adventure-based counseling ***training*** which has been adapted to the Cherokee cultural point of view. Volunteers receive a wide range of training from the staff, including the concrete skills taught to the students. The Cherokee Challenge is staffed with four people and ***funded*** through federal and state funds.

Evaluation of the program includes ***two parts: program monitoring and process evaluation*** conducted by project staff, and outcome evaluation performed by outside consultants. ***Process evaluation has three components:*** ***1)*** on-going monitoring system, ***2)*** implementation analysis and ***3)*** participant observation and qualitative interviewing. ***Outcome evaluation also involves three phases:*** ***1)*** a five year plan involving instrument selection and norming, ***2)*** pre and post-testing with selected instruments and ***3)*** a matched group experimental design using selected instruments and data collection.

Indications of program success are found in the pre- and posttest data which support participant awareness and in increased understanding of the risk and protective factors. Interviews with key informants indicate that attitudes and behaviors among the participating youth demonstrate an increase in self-awareness and cooperation.

The major ***keys to success*** have been taking the program to the neighborhoods where the youngsters live and offering a program that takes the youngsters 'as they are'. Community apathy has proven to be the biggest obstacle. Friendly outreach and perseverance is the key to overcoming the obstacles and educating others.

Northeast Regional Center for Drug-Free Schools and Communities

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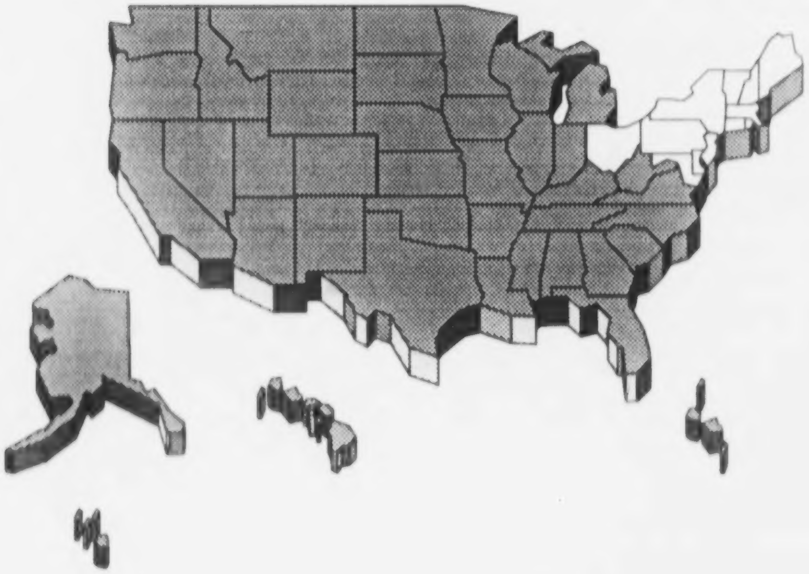

Buffalo, New York
Various Tribes In Urban Setting

Native American Program-Title V Wellness Curriculum

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Native American Program—
Title V/Native American Magnet School
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Buffalo, New York 14223
(716) 888-7044

Focus Group: Students, kindergarten through eighth grade

Feature: An urban Native American youth curriculum infusing Native American culture, language, and wellness philosophies into a comprehensive health education program.

Program Description:
A ***comprehensive survey*** was administered in 1989 to students, parents, community members, teachers and service agencies, ***revealing*** a high level of concern over youth and parents' use of various substances, and the impact of parental use on children. ***Assessment*** also showed the frequency of use was increasing. The ***need*** for a ***comprehensive***, school-based substance abuse prevention curriculum addressing the uniqueness of Native Americans was strongly apparent. Mark Basehart, Curriculum Specialist, and Frances Hill, Native American Program Director, met with Indian Center staff and local service agency representatives to address needs and begin planning strategies. In addition to curriculum development, the ***planning team*** has established several ***community alliances*** which have assisted in expanding the comprehensive nature of providing service to youth and their families.

Operating within an urban public elementary school of 625 students, the Wellness program services the Native American students who account for over one-third of the student population. The ***Wellness program is delivered to the Native American students*** on a "pull-out" basis for 10 out of 20 periods per month by grade level. Although functioning on a pull-out basis, the total school is moving toward integrating wellness into the classrooms. Students receive two to three 30-minute sessions per week. ***Instruction*** consists of substance abuse and wellness information integrated within a comprehensive health model. Other ***activities*** include "youth-to-youth" teaching groups and ***Talking Circles*** groups to process feelings and thoughts relative to substance abuse issues. The Talking Circle provides a strong setting for students needing support and an outlet for their feelings. Classroom strategies embody wellness as a concept. ***Cooperative learning*** is used extensively, and social skills are constantly reinforced using humor and conviction.

Wellness program staff received ***training*** in counseling strategies and techniques, comprehensive health curriculum components, and cultural information. Talking Circle leaders are trained to implement COA groups and counseling sessions, while students are trained in the "youth-to-youth" teaching format.

Evaluation is performed through the administration of an anonymous survey to students in grades four through eight, twice a year. The ***survey*** addresses frequency, intensity, and duration of entry-level drug use among students. A control group is established to assess the impact among Native American students vs. those students not receiving the Wellness curriculum. The ***results*** of the survey ***demonstrate*** that students involved in the Wellness program exhibit less frequent drug use, healthier behaviors, and projected less use than the control group.

The biggest ***obstacle*** to the program continues to be denial and a fear of confronting the issues head on. Perseverance, humor, and accentuating the positive help individuals ***overcome these obstacles***—working on the obstacles person to person has provided the best approach to helping people work through the obstacles. ***Key strategies*** have included public relations and awareness campaigns, special events open to all, and constant soliciting of parental input to help address resistance.

Recommendations offered to others include the need to start small, with manageable initiatives that target specific groups, not entire communities, while maintaining a positive public relations effort. Providing students with methods of learning to "say no" works only if they are provided with avenues and activities to which they can say yes, and strategies that put a challenge in their lives.

Southwest Regional Center for Drug-Free Schools and Communities

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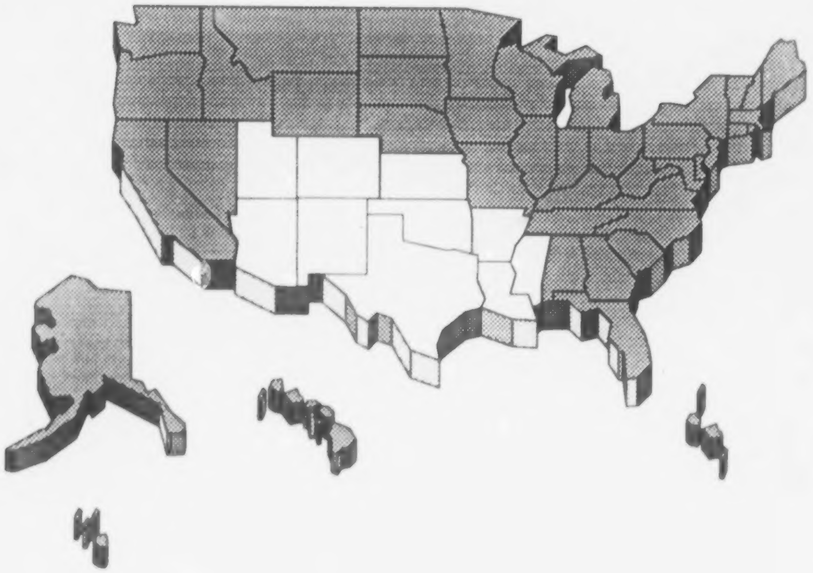

Oklahoma City, Oklahoma
Various Tribes Throughout the Country

UNITY: United Indian Tribal Youth

Contact
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United Indian Tribal Youth
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Oklahoma City, Oklahoma 73125
(405) 424-3010

Focus Group: American Indian youth, ages fifteen to twenty-four.

Feature: A national, non-profit organization serving the leadership of American Indian and Alaska Native youth.

Program Description:
In its seventeenth year of service, United Indian Tribal Youth (UNITY) is an organization ***designed*** to develop leadership, promote self sufficiency, and instill cultural pride among Native youth. Incorporated in April 1976 in Oklahoma, UNITY was formed out of a ***need*** to address a nationwide desire to ***develop the leadership*** potential and instill attitudes of wellness and healthy living among American Indian/Alaska Native youth. The ***mission*** of UNITY is to foster the spiritual, mental, physical, and social development of Native youth and to build a strong, unified and self-reliant Native America through the active involvement of its youth.

Over the span of seventeen years, UNITY has sponsored 17 national leadership conferences, conducted a series of ***youth leadership*** training sessions, and assisted in the development of tribal, village and community ***youth councils***. UNITY has also made it possible for youth to formally voice their concerns at congressional and senate hearings. Other ***activities*** include ***conducting*** a series of trainings and think tanks to implement the goals of the National Youth Agenda, ***assisting*** in the continuing development of youth councils throughout Indian country, ***organizing*** a national network of American Indian and Alaska Native youth councils, ***providing*** a voice for participating youth through the National UNITY Council, and conducting a healthy lifestyles campaign. UNITY has administered the "Youth Can Make a Difference" project, funded by the Administration for Native Americans (ANA). The project focused on implementation of the American Indian/Alaska Native YOUTH 2000 campaign, of which the major outcome was the development of the National Agenda for American Indian/Alaska Native Youth. During the current year, UNITY is coordinating the "Mobilizing the Healing Generation" project, also funded by ANA.

Training is offered to UNITY sponsors to help develop skills needed to establish and nurture tribal youth councils at the local level. Sponsors experience an action planning and strategy development process.

Evaluation of UNITY's progress is based upon the number of youth councils that are formed and continue operating from year to year. Additionally, each tribal youth council is monitored for its effort and effectiveness in managing events and activities in the areas of environmental awareness, heritage and culture, and community service projects.

The ***key to any success*** experienced thus far by UNITY is directly attributed to the youth. Their energy, enthusiasm, ideas, talents and involvement is what makes UNITY a program of success.

The biggest ***obstacle*** is geographical distance between the youth councils and UNITY headquarters, wherein conducting business over the phone or through the mail creates some communication problems. A lack of personal contact is a drawback of any nationally-based organization, but the annual UNITY conference and regional events help ***overcome*** the distance obstacle.

Monument Valley, Utah
Navajo Indian Nation

Monument Valley High School PEGASUS Club

Contact:
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Monument Valley High School
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Monument Valley, Utah 84536
(801) 727-3204

Focus Group: High school students, grades nine through 12.

Feature: Providing activities, events, and social programs for high school students residing in a very remote and isolated community.

Program Description:
A 1990 ***community-wide survey*** administered to students and parents ***revealed*** a high level of concern over young people not having anything constructive and/or creative to do during their spare time. In addition, there were no incentives for the youth to remain drug free and very few positive adult role models in the community. The Monument Valley area is a geographically isolated, rural community with "just a school located in the middle of a large empty area." The nearest town with services like a theater or mall is anywhere between 80 and 175 miles away. ***Isolation and boredom*** continue to be the major theme behind ***problem issues*** for youth.

A ***planning team*** led by then school counselor, now principal, Pat Seltzer, included teachers, students, and parents. The planning team ***assessed*** local resources for facilities, services, personnel, and programs for the purpose of developing a resource list for future activities and events. Realizing that certain limitations were invincible, the planning team focused upon the immediate need of providing a minimum of one activity per month, achievable through a ***collaborative partnership*** among the agencies and programs in the community. Serving as a supplement to the other programs in the ***community alliance***, PEGASUS Club coordinates its efforts with the alcohol and other drug treatment program, health services, tribal programs, law enforcement, Title V Indian Education and Johnson O'Malley Programs, and other social service organizations.

The ***result*** of the efforts to develop a ***collaborative community alliance*** in providing activities and events to the youth and their families is that one major event per month is scheduled. ***Activities*** include roller skating, skiing, Grand Canyon exploration and hiking, video parties, rafting, ice skating, shopping, and coordination of personal contacts by various programs to provide community support to the youth.

The staff has had no formal ***training***, but is quick to point out a dedicated core group of individuals whose genuine commitment to and caring for the youth and community goes beyond any possible trainings offered at this time.

Currently there is no formal ***evaluation*** component in place for the program, but the ***planning team*** utilizes informal letters from staff, parents, and students as a means of assessing activities and their impact. Additional sources of ***informal evaluation*** include student essays, parent petitions, and community commentaries. Thus far, the ***indications of the programs progress*** have shown satisfaction in the efforts to provide services and a high level of satisfaction with the activities being offered.

The ***key to any success*** experienced thus far is directly related to the fact that if students are involved, provided with opportunities to be active and goal directed, they will respond very positively. Agreements are signed by adults and youth regarding specific responsibilities to provide clarity to the message of ***talking and "walking" a drug-free, healthy life.***

Flagstaff, Arizona
Navajo, Hopi and Puyallup Indian Nations

Native American Prevention Project Against AIDS and Substance Abuse

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Jon E. Rolf, Ph.D.
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Prevention Project
NAPPASA, NAU P.O. Box 5616
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Focus Group: Middle and high school students.

Feature: A multi-component, in-school, and community outreach HIV/AIDS, alcohol and other drug abuse prevention program for youth.

Program Description:
In its third year of operation, the Native American Prevention Project Against AIDS and Substance Abuse (NAPPASA) has successfully ***collaborated*** with twenty-five schools throughout northern Arizona and western Washington to ***plan, develop, implement, and evaluate culturally sensitive*** HIV/AIDS preventive interventions that are linked with alcohol and other drug (AOD) abuse prevention programs. To ensure cultural sensitivity, all NAPPASA's programs are developed through ***collaborative planning partnerships*** with local educational, health and other community-based organizations. The ***Project seeks*** to test the efficacy of interventions: ***1)*** to change risky behaviors into health-promoting ones at the individual level, and ***2)*** to change community residents' awareness of local health problems and risks into participation in local HIV/AOD prevention programs.

During the first year research, piloting ***activities*** utilized focus group interviews to elicit information on a particular topic or cultural domain. A total of 14 focus groups were interviewed on ***four main topical areas***: ***alcohol and other drug abuse, HIV/AIDS, sexual issues, and prevention messages***. Interviews were designed to elicit information particular to participant knowledge levels about the four main topic areas. Also obtained was information about participant beliefs and theories relative to peer pressure, communication barriers, AOD and other HIV risk factors, role models and normative beliefs. The data gathered from the interviews provided the basis for developing prevention curricula.

The NAPPASA ***intervention package*** consists of: ***1) a Core curriculum,*** including an instructor's manual, student manual, and session specific videos, ***2) follow-up booster products,*** and ***3) a supporting program*** of parent and community outreach activities and media. The ***prevention package*** contains material designed to: ***1) build knowledge, 2) acquire and practice prevention skills with peers***, and ***3) foster new peer group norms*** for preventive communications and behaviors in the context of Native American values. The prevention curriculum is designed to cover 20 class sessions, 50 minutes each, on topics and ***activities*** regarding alcohol and other drug abuse, human sexuality, HIV/AIDS, sexually transmitted diseases, life skills training, assertive communication, and self-image.

Training is delivered to selected instructor/teacher teams hired to implement the curriculum. The training occurs in a two-day workshop format facilitated by JHU staff and consultants, wherein the entire curriculum is reviewed thoroughly, including the history of the project and its rationale. Participants are shown videos demonstrating "veteran instructors" from local schools and communities in action with the curriculum.

Evaluation involves a yearly series of assessments conducted to determine the intervention effects. Students complete a questionnaire and a series of program appraisals during and at completion of the curriculum. ***Outcome goals*** for the project have been defined as: ***a)*** impact variables targeting short-term effects, and ***b)*** behavioral outcomes targeting long-term effects. ***Process evaluations*** are utilized to determine barriers to program implementation and to document the extent of satisfaction with and cultural relevance of the preventive programs.

Results indicate that participants receiving NAPPASA's school-based interventions experienced positive changes in targeted areas of AIDS and alcohol and other drug abuse prevention. Reported availability of alcohol and other drugs significantly decreased for eighth and ninth grade participants.

Keys to success are highlighted by the need to ***establish community partnerships*** through the development of local advisory groups to ensure local level involvement and ownership. Other keys include training of local schools' regular teachers and co-instructors recruited from the community and making a commitment to help community groups write new grants to continue prevention programs that are effective.

Albuquerque, New Mexico
Laguna, Acoma Pueblo, Canoncito Band Navajo and Multicultural Population

Center For Indian Youth Development

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Focus Group: Children, youth and families living in rural New Mexican communities.

Feature: Comprehensive substance abuse prevention program providing services to a multiculturally diverse population, primarily American Indian, in partnership with American Indian communities.

Program Description:
In 1983 the University of New Mexico administered a ***comprehensive survey*** to service providers, agencies, students and parents in rural communities throughout New Mexico. ***Data*** collected from the survey ***revealed three issues*** needing to be addressed: ***1)*** alcohol abuse was viewed as the number one problem by all age groups, ***2)*** there was a willingness among community agencies and groups to work together to address the issue, and ***3)*** there was a consensus that efforts in prevention should occur in school-based settings. A ***planning team*** consisting of grandparents, students, Indian Health Service providers, community health representatives, and university faculty began the process of ***planning strategies*** to meet the needs indicated by the survey. As each community developed its own planning team, Dr. Shirley Hunt, Center for Indian Youth director, and Ken Hunt, associate director, remained the constant component in the overall planning of the project. Such ***planning at the local level*** allowed the unique strengths of each community to be more fully developed, while maintaining the necessary scope of ***collaboration*** in developing inter-agency and inter-community ***alliances*** in order to provide more effective prevention services. The result of the efforts to develop collaborative alliances between and among communities has produced a working committee of twenty programs and organizations responsible for the support of the design, and developing and implementing strategies and programs. This committee meets bi-monthly to share information, coordinate activities, and plan future events.

Program activities for the Center for Indian Youth Development include, classroom curricula for pre-kindergarten through twelfth grade, designed with and for local schools and communities, and inservice training for teachers and other professionals on topics related to the curriculum and issues of substance abuse. ***Training activities for families*** include parenting skills, coping with alcohol and other drug abuse in the family, communication skills, understanding child development, and social influences. The scope of the program goes well beyond the typical school day to ***encompass the total ecology of the child.*** ***Activities*** occur during school, after school, on weekends, and throughout the summer months, providing youth with alternatives to substance abuse designed to enrich and strengthen their lives. Other activities include campouts and outdoor recreation, various social events, and counseling, which is offered through formal educational sessions and informal rap sessions during and after school. The activities developed are carried out by American Indian prevention coordinators under the direct supervision of the program's associate director.

All ***training*** activities are coordinated intergenerationally and include tribal government leaders and ministers, as well as members of the planning committee. Topics presented are related to issues of adolescent health and development relative to substance abuse.

Monitoring progress includes data collection from a variety of sources to provide formative measures. These sources include logs, journals, curriculum pre- and posttests, student evaluations, surveys of parents, school staff and students regarding services and activities, trip evaluations, videotape evaluations, focus groups, and Teen Center client files. Aside from the longevity of the Center for Indian Youth Development Program there are a number of ***indicators of success*** including youth, parent and school staff evaluations which clearly state a high level of satisfaction experienced from the program. The indicators also include continued demand from communities for training offered through the program and, possibly the best indicator of success, ***the program was selected by the Office of Substance Abuse Prevention (OSAP) and the National Association of State Alcohol and Drug Abuse Directors as one of eight nationally recognized exemplary programs*** working to prevent substance abuse. This is a very prestigious award and speaks volumes as to the impact and success of the Center for Indian Youth Program.

Keys to success include endurance and persistence in working with changing administration and resistant youth and community members. Establishing trust and communication with school administration assists in maintaining the program's credibility and the capability of delivering consistently high quality activities.

Wagoner, Oklahoma
Cherokee Indian Nation

Area Prevention Resource Center

Contact:
John Eckenberger, Director
Area Prevention Resource Center
1202 West Cherokee, Suite G
Wagoner, Oklahoma 74467
(918) 485-4221

Focus Group: All age groups within the service area.

Feature: One of 18 Prevention Resource Centers in Oklahoma, serving four counties with substance abuse related materials, resources and support.

Program Description:
As a member of the Oklahoma statewide prevention resource network, the Prevention Resource Center in Wagoner is involved with a ***statewide planning team.*** With representatives from 18 different areas actively participating in the ***planning process*** for statewide and local substance abuse-related initiatives and activities, local areas are assured of effective representation and service. Members of the ***planning team*** include prevention specialists, education personnel, alcohol and other drug treatment staff, researchers, and various agency representatives. Jan Hardwick, director of prevention services with the Department of Mental Health in Oklahoma City, was primarily responsible for developing the program and establishing the planning team.

Meeting on a monthly basis, the Prevention Resource Center ***planning team establishes*** statewide goals and objectives. They also report on area progress relative to the statewide agenda, collaborate on statewide program activities such as the Oklahoma State Prevention Convention, prevention efforts in the penal system, and conduct Red Ribbon Week activities. Other ***activities*** include the development of a radio program and newsletter to reach dropouts and others not attending meetings or activities.

The Prevention Resource Center network has developed an outline of required ***training,*** classes, and workshops to attend in order to gain certification as a ***Prevention Specialist.*** Topics included in the outline are AIDS training, the Lofquist model of prevention philosophy, student assistance programs, Growing Up Strong (GUS), and school team development. Building community and local school components into the training is crucial in helping communities develop their unique strengths.

Methods used to ***monitor progress*** include student and community-wide attitudinal surveys repeated yearly for comparison to baseline data. The ***main indicator of success*** is the increased demand for services provided through the Prevention Resource Center Network. Communities are rapidly gaining awareness of the availability and quality of the services, leading to full training schedules.

Recommendations for other programs include the need for more training being offered to staff in order to more fully develop an effective program from the beginning, rather than feeling one step behind. Training is particularly important when working in rural settings as there are distinct differences needing to be recognized and understood before involvement takes place. Maintaining an effective communication network is crucial to sustaining community support for a statewide program.

Tucson, Arizona
Various Tribes

Old Pascua Youth Artists (OPYA)

Contact:
Carol S. Kestler, Executive Director
ARTS GENESIS, INC
1311 East Duke Drive
Tucson, Arizona 85719
(602) 323-0185

Focus Group: Ages eight to seventeen.

Feature: Old Pascua Youth Artists (OPYA) provides a creative, fun and educational alternative for children in a safe, drug- and violence-free community setting staffed by community artists.

Program Description:
Old Pascua Youth Artists (OPYA) grew out of a parent/community meeting in 1988 wherein the ***assessment*** of an informal ***survey*** of parents and students ***indicated*** sufficient interest for an after-school pilot program to teach art and business skills, along with coping, social, academic, and behavioral skills to strengthen protective factors in youth and the community. OPYA represents a true ***collaborative partnership*** as it exists because of the relationship between the San Ignacio Yaqui Council and Arts Genesis, Inc. The two organizations form the core of a ***community alliance*** which has spread rapidly and encompasses a rich blend of business and service agencies within the community of Tucson. Once the alliance between the San Ignacio Yaqui Council and Arts Genesis, Inc. was established, a ***planning team*** was formed consisting of parents, artists, Yaqui educators, center services director and assistant director, school administration, and the TEEM Follow Through Coordinator. The planning team recognized the need to ***broaden representation*** and actively sought out the involvement of alcohol and other drug treatment programs, business and industry, tribal government, civic groups, family and social services, religious organizations, and the school system. This rich ***community alliance,*** known as the San Ignacio Yaqui Council, forms the backbone of the ***OPYA Governing Board*** which works to plan, approve, oversee and evaluate the program.

The ***program activities*** are directly reflective of the community alliance. The ***Pascua Neighborhood Center***, part of the Tucson Parks and Recreation system, provides meeting space, coordination with other programs, janitorial services and clerical assistance. ***La Frontera Behavioral Health Center*** provides a Yaqui prevention counselor 16 hours per month to work individually with OPYA members, participate in workshops, and plan, implement, and evaluate field trips and community events with OPYA staff. ***Local businesses*** assist with tools and supplies, inventory storage, publications assistance, funding and showcasing OPYA artwork. ***Arizona State Museum***, affiliated with the University of

Arizona, hosted a 19-month show of work titled "Yaqui Visions: Old Pascua Youth Artists." The museum purchased the entire show. OPYA programming is closely associated with PROJECT CHOKI, an in-house elementary school arts program. The Pima County Anti-Racketeering Fund Grant Program has been a major OPYA ***funding source***. The Social Services Department of the ***Pascua Yaqui Tribe*** co-funded the 1993 summer training series. An annual average of 38 ***volunteers***, donating more than 800 hours as guest teaching artists and photographers, trip and event staff and business representatives, provide crucial support to the program's depth and success. Many of the volunteers are from local churches and religious organizations.

Training for OPYA staff, volunteers, and parents has been provided by Phyllis Kietha Gagnier, Algonquin/Mohawk, a consultant out of Apache Junction, Arizona. ***Training topics*** have included principle-focused leadership and bias perception, group process skill development, and co-facilitation. OPYA members and staff also receive ongoing fine arts training and support from professional visual artists, photographers and writers, most of whom are American Indian.

Monitoring progress includes a variety of methods. Members sign a contract with OPYA (co-signed with parents or guardian), sign in and out of class and workshops, and keep portfolios of their work. As the participants are paid for their work, payroll is based upon fulfillment of their contract responsibilities, plus cooperation, commitment, participation and individual sales of artwork. Consequently and with purpose, the youth are exposed to and involved in free enterprise while honoring community principles and values. A portion of the sales money is deposited in the OPYA Scholarship endowment fund available to middle and high school student members.

Individual success stories, consistent participation, and a growing community alliance are the markers ***indicating success*** for the Old Pascua Youth Artists program. Several items are included as ***indicators of program progress***, including the majority of OPYA members who have continued the program more than two years, with some five-year members. Ninety percent of those OPYA members who have remained in the neighborhood are in school, none are pregnant, and none have been arrested. In addition all Native staff who have left OPYA have gone on to full-time college enrollment, and public interest in and financial support for the program grows steadily. Building upon protective factors and strengthening resiliency are keys to the success of the program. Establishing a consistent ***trust relationship*** with the youth provides a firm foundation to self-confidence, solid decision-making skills, and life choices for members.

An Eagle's View: Sharing Successful American Indian/Alaska Native Programs

RECOMMENDATION FORM

The past several years have witnessed a surge of alcohol and other drug prevention strategies designed to build up healthier reservations, neighborhoods, schools and communities. Developed for and by American Indian/Alaska Native professionals and organizations, successful prevention programs are effectively engaging people and their communities in seeking to build and provide for a better future.

The need to share quality programs and information is vital to the furtherance of prevention and intervention efforts among American Indian/Alaska Native people. Designed as a collection of successful alcohol and other drug prevention programs, ***An Eagle's View*** will be a resource of ideas and materials, in addition to expanding the networking capabilities to assist others in designing new programs or enhance existing strategies.

Please accept our invitation to help spread the word about successful American Indian/Alaska Native programs throughout the country. All recommended programs will be contacted by Center staff for additional information.

I would like to recommend the following Program/Practice for possible inclusion in ***An Eagle's View***.

Name of Program/Practice: ____________________

Contact Person: ____________________

Address: ____________________

City: __________ State: ______ Zip: __________

Phone: (___) ____________________

Brief description of the Program/Practice and why it should be considered exemplary:

Submitted By:

Name: __________ Title: __________

Address: ____________________

City: __________ State: ______ Zip: __________

Phone: (___) __________ Date: __________

Send to: Bill Hayne, Associate
Western Regional Center for Drug-Free Schools and Communities
Northwest Regional Educational Laboratory
101 S.W. Main St., Suite 500
Portland, OR 97204
Phone (503) 275-9634, FAX (503) 275-9489

RC

AN EAGLE'S VIEW

Volume II

Sharing Successful American Indian/ Alaska Native Alcohol and Other Drug Prevention Programs

U.S. DEPARTMENT OF EDUCATION
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**The Drug-Free
Schools and
Communities
Regional Centers Program**

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The Drug-Free Schools And Communities Regional Centers Program

AN EAGLE'S VIEW Volume II

Sharing Successful American Indian/Alaska Native Alcohol and Other Drug Prevention Programs

Written and Edited
by

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Western Regional Center for Drug-Free Schools and Communities

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Portland, Oregon 97204

Cover art
by
Jennifer Hayne

Volume II
September 1994

From the Director

An Eagle's View, Volume II represents the second edition of a collaborative process as the five agencies under the auspices of the Regional Centers for Drug-Free Schools and Communities Program worked diligently to put this second publication together. The 25 programs documented in Volume II represent the commitment made to recognize, share, and promote alcohol and other drug prevention programs serving American Indian/Alaska Native people throughout their respective regions. Although a couple of regions did not participate this year, we are committed to continuing the process. It is the hope of all of us involved in this project that Volume II of ***An Eagle's View*** will provide quality information and serve as a resource of ideas and materials, in addition to expanding the networking capabilities to assist others in designing new programs or enhancing existing strategies.

The past several years have witnessed a tremendous surge of alcohol and other drug prevention strategies designed to establish healthier reservations, neighborhoods, schools and communities, families and individuals. Developed for and by American Indian/Alaska Native professionals and organizations, successful prevention and wellness-promoting programs are effectively engaging people and their communities in seeking to build and provide for a better future.

An Eagle's View, Volume II is more summaries describing programs, events, and activities designed to prevent the use of alcohol and other drugs by American Indian/Alaska Native people throughout our country. Programs included in Volume II of ***An Eagle's View*** represent a significant movement in Indian country to promote wellness and support those efforts to be drug-free. ***An Eagle's View*** documents strategies that include comprehensive, ongoing prevention programs, as well as annual, stand-alone events that may be school- or community-based. From "Project F.U.N." in Emmonak, Alaska to "STEP Program" in Hollywood, Florida; "Bug-O-Nay-Ge-Shig School" in Cass Lake, Minnesota to "Toiyabe Indian Health Project, Inc." in Bishop, California, the various programs included herein represent people, families, schools, communities, pride in heritage, and a commitment to improving the health of a nation.

We did not "evaluate" programs for inclusion in this book. We defined "successful" as something that "worked well" and "made a difference" in your community, your neighborhood, and for your schools and your families.

If you would like to recommend a program or practice to be considered for inclusion in Volume III, please see the RECOMMENDATION FORM at the back of this publication.

A special note of thanks to the following people for their help, support and assistance in developing Volume II of ***An Eagle's View*** Bill Hayne, Western Center, who not only conceptualized the idea but compiled, edited and encouraged all the programs to submit their special projects and programs; Donna Wagner of Midwest Center, for her assistance; Sue Harper and Hazel Porter for their help in organizing and mailing materials in a timely manner; and Marjorie Wolfe for her great assistance in formatting and helping to create ***An Eagle's View*** as a quality publication. A very special thanks to Jennifer Hayne for her wonderful artwork featured on the cover page for both Volume I and Volume II.

Judith A. Johnson

Judith A. Johnson
Western Regional Center

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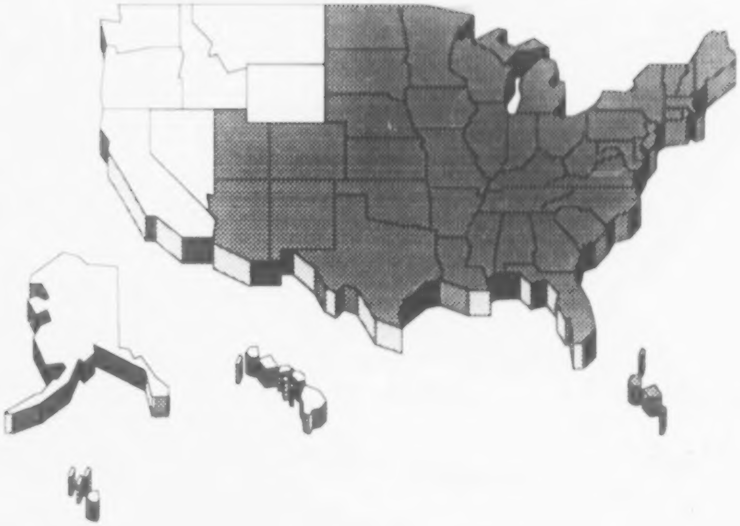

New Stuyahok, Alaska
Yupik and other Alaska Natives

New Stuyahok Wellness Committee

Contact:
Mr. Wally Gust, Chairman
New Stuyahok Wellness Committee
P.O. Box 90
New Stuyahok, Alaska 99636
(907) 693-3150

Focus Group: All ages, with age grouping according to activity design and level

Feature: The Wellness Committee provides support through family and individual enrichment activities, crisis intervention, and community improvement projects.

Program Description:
Beginning in 1989-90 as part of an Alaskan statewide suicide prevention program, the New Stuyahok Wellness Committee was formed as an **all-volunteer** group of concerned village members desiring to promote a healthier village through total wellness, caring, and support. Situated along the Mulchatna River in the Lower Kuskokwim region of southwest Alaska, New Stuyahok is home to 250 people of mostly Yupik heritage. Seeing the **need for community-wide prevention programs**, Mr. Wally Gust, counselor, and Mr. Timurphy Andrew, suicide prevention coordinator, called on the various programs and agencies working in the village to **consolidate** their efforts as a means to help others. Although New Stuyahok is a small, rural community, there is a tendency for staff to become isolated from each other and duplicate service efforts. As a result, Mr. Gust and Mr. Andrew saw the need to develop a **collaborative planning team** representing the village as a means of helping people who are hurting by establishing an improved system of service delivery. The emergent **planning team** consisted of representatives from the substance abuse program, mental health, suicide prevention, Indian Child Welfare, tribal social and child services, community health, Village Public Safety officers, Natural Helpers, city and village administrators, Russian Orthodox church, and other volunteers. While no formal **assessment** was performed, the issues and problems stemming from alcohol and other drug use in the community were apparent to all who were willing to open their eyes. Domestic violence, suicidal trends, depression, and alcoholism and other drug addiction were just a few of the critical issues the community planning team identified as priorities in **strategic action planning**.

Recognizing the tremendous impact alcohol-and-other-drug-related issues are having upon the village and culture, it is crucial to actively involve as many elements of the community as possible in providing needed resources. The various community groups, programs and services help with *travel arrangements, provision and delivery of food supplies, professional intervention counseling services, facilities and equipment, awards and prizes, and an attentive, caring ear to listen to the needs of people in the village.*

Program components and **activities** include: crisis intervention, a community-wide clean-up day, food drives, and the program highlight, Family Fun Night. Held once a month, Family Fun Night provides the community with opportunity to develop relationships and participate in alternative activities like family games of traditional and western flavor, native dancing, seal hop, string story telling, mini-discus toss, high jump, three-legged races, etc.

The **crisis intervention** component is accessed when a family or individual is experiencing difficulties. The Wellness Committee convenes a special meeting to discuss a difficult situation and select certain members to serve on an intervention team. A community-wide **clean-up day** engages the entire community and includes a picnic and community feed. The **food drive** currently occurs twice a year wherein families are sponsored as recipients of food and supplies that were collected by the community.

Training components include an annual Wellness Conference that features workshops on substance abuse, domestic violence, child abuse, family support systems, depression and suicide, grief cycles and personal healing, talking circles, and AA meetings. **Elders** from the village of New Stuyahok provide **additional training** for the committee.

Formal monthly meetings are held to discuss and **evaluate** the Wellness Committee's programming efforts. Verbal discussion provides the main method of interacting with community members to hear positive and negative feedback. Together with occasional written evaluations, the **feedback** is utilized to expand on successful events and services while seeking ways to strengthen areas considered ineffective.

The success of the Wellness Committee is reflected by the tremendous high praise offered by not only New Stuyahok village members, but other village members who travel long distances to attend the various activities. As people hear the message of **community and family wellness** being promoted, it has become a sounding cry in other villages.

Key aspects of success are based upon everyone **working collaboratively** together to make things happen and attain one major goal, "to help our people to heal and remain strong." The Wellness Committee obtained full support from city and traditional councils, lending critical strength to the movement. Finally, the committee has pointed out the **need for positive role models** who "walk their talk," which implies members need to address their own issues related to alcohol and other drugs before becoming fully involved with the Wellness Committee. **Follow-through and persistence** are critical to all the efforts being made in New Stuyahok.

Portland, Oregon
Multiple American Indian Nations, Urban and Rural

Caribou Institute's New Directions—USA Model

Contact:
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Caribou Institute
11919 N. Jantzen #146
Portland, Oregon 97217
(503) 735-1804

Focus Group: Community-wide, all ages, with post secondary students a focus of one component

Feature: A professional organization providing communities with education and intervention seminars based upon the experience and educational accomplishments of staff members from New Directions of Alkali Lake, BC, Canada

Program Description:
The Caribou Institute's New Directions USA Model embraces **two program components** to deliver services to clients throughout the United States. Each is designed to provide substance abuse education for individuals, groups and communities. The two program components have been **designed and are reflective** of the staff's personal experiences derived from their work in Alkali Lake, B.C., Canada. The program is delivered through a **seminar/training format** that is open to all ages. Those seeking college credit may access the program through electronic distance learning via computer, modem, and fax systems. In whatever form the interactive learning takes place, it involves a process of **empowering individuals and communities** to discover the way back from the darkness of alcohol and other drug abuse through education and healing.

Director Lois "Louie" Thadei, an Aleut Alaska Native, **founded** the program in 1986, based upon a **need** to share the recovery process she witnessed and experienced as a member of the Alkali Lake community in British Columbia, Canada. Having witnessed Alkali Lake's tremendously positive movement to become a healthy community, Ms. Thadei actively sought to develop the process into a method of training and healing for other Canadian and American Indian communities. A **planning team** was established consisting of representatives from the American Society for Training and Development, NOVA University, Alkali Lake community members, council members and teachers, Royal Canadian Mounted Police, judicial system, and clergy. The result was New Directions' **two-fold approach** to educational training that addresses the issues of alcoholism, domestic violence, family and community healing. The **first** aspect involves New Directions-USA training seminars, which are five days in length and target very specific community needs. The seminars include a variety of education and therapeutic strategies, most of which engage the participants in traditional Native activities. The **second** aspect of New Directions Training is the Star Nation Distance Learning component, targeting post-secondary students interested in an academic experience and accumulating college credit. Both approaches offer **topics** that include cultural trauma and historic grief, sexual abuse recovery, urban Indian youth leadership, community addictions recovery, women's wellness, community sexual abuse intervention, and cultural abundance.

Evaluation is based upon preservice assessment of a community's carefully articulated needs, expectations and intended outcomes. Upon completion of the seminar, every participant prepares and submits a written evaluation which is measured against the preservice **needs assessment** to determine the success of the program. **Data** that have been accumulated via this evaluation process are consistently indicative of the Institute's successful efforts to deliver impactful and life-changing training to the participants. "Louie" Thadei relates that the **key to their success** is responding fully to the articulated needs of community members, actively engaging those members in the process of developing a vision for healthier living, and outlining a clear plan for implementing their vision.

Redmond, Washington
Various Tribal Nations in the Northwest

LANCE

Leading American Natives to a Challenge for Excellence

Contact:
Mr. Link Shadley, Director
LANCE
15127 N.E. 24th #120
Redmond, Washington 98052
(503) 325-3108

Focus Group: Middle and high school students and their families

Feature: An intense seven-day wilderness camp designed for youth and family members to explore a healing and learning experience focused on the four aspects of well-being: physical, emotional, spiritual, and mental.

Program Description:
"Until a person can see the possibility of success, of living a clean and sober life, of surviving, no amount of 'education' is going to change the spiral into self-destructive behavior," states director Link Shadley. The **need** to provide increased opportunity for youth and family members to see and experience this possibility of healthy living is the **driving force** behind LANCE.

LANCE **began** in 1989 **in response to** an incident involving a young American Indian boy whose expressed shame in his heritage and tribe brought several people to tears and clarified the tremendous sense of hopelessness felt among our American Indian youth. A **statewide survey** was utilized to obtain further evidence of this attitude and to gain a broader perspective on what Indian youth were in need of. A statewide **planning team** of school, tribal, community agency, and state prevention representatives joined Mr. Shadley in developing the concepts of the program.

At the core of its **purpose**, LANCE strives to plant the seeds of self-healing that lead to increased self-esteem and self-worth. Participants come to understand the various elements and nature of their destructive behavior, and learn they have the power to change and choose a healthy life. Although working on a statewide level, LANCE endeavors diligently to establish and nurture **collaborative relationships** with each tribe and also among the various organizations in each community. Tribal government, family and health services, juvenile justice systems, Title V and Johnson O'Malley programs, schools, social services, and other tribal programs are **actively involved** in the planning, implementing and follow-up activities. This **collaborative relationship-building** ensures a tremendous amount of support and sharing of resources that are so essential to providing the best possible atmosphere for a positive experience. The **funding** for the program is multifaceted, demonstrating the tremendous success being generated from the collaborative partnership.

LANCE does not operate in a 'boot camp' atmosphere, but involves a week-long camp where people are removed from their normal environment and placed into groups with similar participants. **Simple rules** involve honor and respect, not allowing any put-downs, and encouraging participants to look at the positive side of every problem. LANCE combines old wisdom and common values of Indian people with new concepts of breaking through fears and self-limiting beliefs. Indian youth and families are thereby **empowered** to realize they have a unique and special heritage. They obtain tools to successfully remove the blinders placed by society so they can see a brighter, less limited future and ask, "Why not?"

The camp operates on Indian time. "This is not the stereotype of being insensitive to a schedule, but a **commitment** to do what needs to be done at the moment, and complete the process before moving on," states Director Link Shadley. LANCE incorporates **positive peer pressure** and group process in a gentle way to encourage 100 percent participation in camp activities. Each day begins with a camp meeting to determine how participants would like to see the day unfold. The meeting is followed by an exercise routine. The group is then involved in alternating periods of traditional Indian teachings, physical activity and group work. **Specific skills and techniques** for leadership development and academic achievement are also included. At day's end, participants review how the day actually went and how the next day can be improved upon. Some of the **topics** addressed during the camp include parenting styles, the influence of boarding schools, domestic violence, family meetings and conflict resolution. In order for the camp to operate and be maintained, all **participants share** in the daily chores of cooking, cleaning, chopping wood, and other camp duties.

Evaluation of the program is performed by the Indian Resource and Evaluation Center Three at Gonzaga University in Spokane, Washington. **Followup meetings** are conducted throughout the year to encourage support and continued involvement. The follow-up meetings provide the evaluation process with additional information. **Indicators of success** include improved academic performance, reduced family tensions, increases in community involvement, and decreased use of alcohol and other drugs.

The **keys to the success** of LANCE may be attributed to the tremendous emphasis placed on developing **comprehensive community and statewide collaboration,** as well a holistic approach to the healing process. One final **key** to success is the need for local community adult advisors to provide reliable followup meetings that support, encourage and guide the group toward strategy development for successful long-term growth and involvement.

Lapwai, Idaho
Nez Perce Indian Nation

Nez Perce Futures Program

Contact:
Ms. Joyce McFarland, Prevention Specialist
PPWI CSAP Nez Perce Futures Program
Nez Perce Tribe
P.O. Box 305
Lapwai, Idaho 83540
(208) 843-7303

Focus Group: Pregnant and postpartum women and their infants.

Feature: Providing service and advocacy to pregnant and/or postpartum women through a collaborative, comprehensive, and holistic health system.

Program Description:
Seeing traditional cultural values connected to family, birthing, and childrearing under the constant threat of being destroyed by alcohol and other drugs, the Nez Perce Tribe has developed a program specifically **addressing the needs** of pregnant women and their babies. Through a **grant** from the Center for Substance Abuse Prevention (CSAP), the Nez Perce Futures Program **identifies** high risk individuals and families, **provides** education and **serves** as a catalyst for people to take responsibility for their behavior and health, and **improves** children's health through appropriate nutrition and discouraging mothers' substance abuse, particularly alcohol. A **planning team,** consisting of representatives from tribal, federal and state agencies, senior citizens' program, tribal court, family and health services, reservation school districts, Victim Assistance Program, and a tribal alcohol and other drug abuse program, was established. Based upon a **community-wide survey** utilized to identify community norms about alcohol and other drug use, the **planning team** assessed needs and determined program direction. As the Futures Program developed, the planning team became a steering committee for the program.

Program components include two **outreach counselors** who identify and work with high-risk, substance-abusing mothers and affected children. This occurs mainly through referrals from a variety of other programs and services. Assessment, referrals for counseling and/or treatment, and arrangements for transportation are performed by the outreach counselors. **Treatment services** are provided by the tribe's alcohol and other drug program and Indian Health Service, as well as state and private treatment programs. **Intervention counseling** for victims of alcohol-and-other-drug-related abuse and/or assault is provided by the outreach counselors. Other duties include providing clients and their families with educational sessions on health, employment, education, and financial matters. **Prevention activities** developed by the outreach team reflect traditional cultural beliefs, specifically focused on the sacred circle of life. **Therapeutic topics** include *traditional birthing, the spirituality of being young mothers, childrearing skills, extended family roles, and rites of passage.*

Some of the **specific activities** the program employs are *making moccasins for newborns, gathering fruits and berries, receiving instruction in menu planning and preparation of traditional and contemporary foods, weaving and bead work.*

Educational topics include nutrition, griefwork, stress, anger management, self-esteem, children of alcoholics recovery program, goal setting, and life planning. A crucial aspect of the program serving to reinforce traditional values features the inclusion of **respite care,** which often involves the extended family. A prevention specialist promotes the use of culturally relevant prevention curriculum and activities for the school system, families and community. **Tribal elders were interviewed** to provide insights into traditional cultural messages regarding family tradition, personal health, and child care.

Yearly **formal evaluations** investigate program children zero-18 years of age, and have documented an overall improvement in health and decreased levels of alcohol and other drug use. **Additional evaluation** components include an independent interviewer working directly with clients to assess levels of impact upon their lives. **Indicators of success** include clients reporting that the Futures Program has had a positive impact on their lives, participating agencies experiencing a smoother referral process, and community members believing the program is serving an important and positive value to the community.

Keys to success are based on the **coordination and collaboration** of services. This has promoted stronger **community awareness** of problems and solutions, and established a smoother transition of services to clients. This **collaborative partnership** has also resulted in a more effective case management system and prevention activities with a broader community impact base. When reflecting on the program's success, team members point to the initial **community survey** to identify needs, work to change community norms through culturally sensitive means, and work to gain clients' trust as the very backbone of the program's success.

Clovis, California
Multiple Tribes in Three County Area

"Special Kids" Fetal Alcohol Syndrome/Alcohol Related Birth Defects (FAS/ARBD) Project

Contact:
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"Special Kids" Project
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Focus Group: Children prenatally exposed to alcohol and other drugs and their families.

Feature: The project provides community-wide prevention education on fetal alcohol syndrome and effects (FAS/E), comprehensive pre- and post-natal health care, and a "special kids" clinic working directly with children and families affected by FAS/E.

Program Description:
Attempting to effectively reach 12,000 American Indian people with **comprehensive health services** throughout a three-county area in central California **required** developing strong **collaborative working relationships** among the many layers of health and social service agencies in the large geographical area. **Beginning** in 1987, with a small grant from the March of Dimes for a Role Mother program to help young mothers-to-be see the need for abstaining, the Special Kids Project **expanded its focus** and intensified the efforts to reach more people. **Today** the project encompasses three counties, eight health clinics, a special kids clinic featuring a visiting pediatrician/geneticist who evaluates, assesses and diagnoses children with FAS and other developmental delay problems, and a program addressing inhalant awareness.

A **planning team** composed of representatives from the March of Dimes, Indian Health Service, Maternal Child Health and FAS project, Central Valley Indian Health Board, and tribal leaders was formed. Out of this planning team came the **establishment** of very strong **community alliances** involving a multitude of agencies and services, including law enforcement, the media, Title V/Johnson O'Malley, all school systems, county, city and tribal government, the Kiwanis, Elks and Rotary Clubs, family and health services, alcohol/drug treatment programs, church and religious organizations, and area business and volunteer groups. **Additional alliances** feature working relationships with the state foster parents association, women's prison, and organizations from other states and countries interested in FAS/E. This **collaborative team approach** has provided a sound **foundation** for sharing of resources, broadening the awareness level of FAS/E throughout the state and region, and assisting in developmental funding issues.

Evaluation of the Special Kids Project involves monthly case management and activity review meetings wherein the following **data** are monitored: number of children ages zero to five, six to 12, and 13-19 years old served by the program. This is broken down further to **assess:** the number of American Indian children in each age group, numbers suspected of, or at high risk for, FAS/E, numbers diagnosed with FAS/E and other related problems. The data support the program's **successful endeavors** as the number of clients served through all age groups has tripled from one year ago. Additionally, the project has doubled the number of prenatal visits in all clinics leading to healthier outcomes. For those children born with FAS/E there has been an increase in understanding their problems and subsequent services provided for them.

A significant key to the project's success was the support from Indian Health Service and Central Valley Indian Health, and the recognition of the impact FAS/E will have on the future if not addressed proactively. This support and recognition supplied the basis necessary for the development of a proactive and prevention-oriented project. **Other keys to success** include area businesses donating prizes for family drawings and the alliance with the March of Dimes. In addition, obtaining the **financial support** from area businesses and grant sources helped overcome many obstacles in the area, as did having the effective services of a dedicated, creative project secretary.

Clovis, California
Multiple Tribes

Inhalant Awareness Day

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Focus Group: All ages, particularly five-30 years of age

Feature: Providing presentations and awareness events on issues related to inhalant abuse

Program Description:
Citing the **need** to aggressively address the high level of inhalant abuse throughout the American Indian population, wherein seven to 10 percent are actively "huffing" inhalants, a **plan of action** was developed as a component of the Central Valley Indian Health, Inc (CVIH) As CVIH sought to prevent issues related to Fetal Alcohol Syndrome and Effects (FAS/E), the problem of inhalant abuse became a constant dilemma of concern that warranted its own focus for program development With local Community Health Representatives leading the way, a **planning team** of youth, parents, health and social service agencies, law enforcement, and tribal leaders committed to being involved in the process **identified inhalant abuse** as a big **problem** among the American Indian youth population

The **planning team** developed a **one-day format** to provide the appropriate forum for the program The **day-long event** begins with a prayer offered by an elder, to bring into focus the very critical nature of substance abuse and the future health of youth and the entire community A youth drum group leads a procession of 100 people, including a local fire department fire engine, to an area known to be a "huffer's haven." When the group arrives at the site, red hazardous waste bags are handed out, and together, youth and adults, work to clean up the area's spray paint cans, stained socks and rags, and other debris discarded by the inhalant abusers Once the area has been cleaned up, the parade returns to the clinic where the sheriff and fire departments supervise the dumping of the waste into containers for delivery to an area landfill As the group views the discarded waste, an **open discussion** is facilitated to focus on the tremendous amount of life being wasted in their community through the use of inhalants

Other activities throughout the day-long event include presentations by the sheriff and fire departments, the coroner, a doctor and community health representative, and others Presentations focus on the physiological and psychological damage incurred through the use of inhalants, as well as other substances of concern. Graphic demonstrations are also used to show how powerfully strong and dangerous chemicals in the form of inhalants are. The group watches the flammable nature of inhalants, as well as seeing what occurs to worms when exposed to inhalant substances in various forms. A video is shown featuring an episode from the television series "20/20" which investigated the practice of huffing on American Indian reservations. **Discussion groups** provide further opportunity to explore concerns and questions from the participants, as well as general health-related issues. The day ends with a pizza feed open to all who participated. The **funding** source for the Inhalant Awareness Day is a local Walmart store.

Event organizers haven't employed formal **evaluations** for the event, but point to a general increase in community awareness of the serious dangers of inhalant abuse and an increasing community pride for having been involved in a positive movement to clean up the area.

Emmonak, Alaska
Yupik

Project F.U.N.

"Families United Naturally Against Drug and Alcohol Abuse"

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Focus Group: Children attending Emmonak Head Start and their families, head start staff, and associated community members.

Feature: Providing prevention and intervention activities and events for the students, their families, and the staff of a community head start program.

Program Description:
A **comprehensive community-based approach** to alcohol and other drug (AOD) abuse prevention beginning in the preschool years was urgently needed by the community of Emmonak and the Rural Alaska Community Action Program in Anchorage. There was an additional **need** for an effective AOD prevention and intervention program not geared for the people in Anchorage, but rather one which **focused on the characteristics and attitudes of local villages**. Project FUN approaches the substance abuse problem in the village through the utilization of **activities** that are community- and family-based, placing considerable emphasis on traditional Yupik culture.

A **planning team,** consisting of a project director and other project staff members, various village agencies and programs, village tribal elders, youth, and parents worked together to plan and build the program. Development of various **goals and objectives** took place over time as the planning team **assessed local needs**, **strengths**, and available **resources**. The formation of **community alliances** included active participation from tribal government and other tribal programs, civic groups, family and health services, the elders program, schools, religious organizations, and local volunteer groups. These alliances provided tremendous support and resource allocation for the project to support various events and activities. An **Advisory Council** and the **Thunder Youth Committee** are actively involved and supportive of the direction, vision, and leadership of the Project FUN program.

An important aspect underlying all **community collaboration and alliance building** is the **commitment** from all participating organizations to be substance-free and support the promotion of healthy, substance-free local activities and social events.

Professional trainers provide **community training sessions**, which include Family Systems, Leadership Development, and the Yupik Cycle of Life. A family development specialist conducts parenting skills **workshops** during once-a-month visits to the village. **Activities** associated with the intervention component include *community cultural events, traditional Yupik dancing, potlatches, Native Youth Olympic Games, and ice hooking.* These events provide fun and effective alternative activities to the community. A **family fun night** is held on a monthly basis and offers families the opportunity to participate in family-oriented activities designed to strengthen their relationships. The Beginning Alcohol and Addictions Basic Education Studies (BABES) **curriculum** is offered on a weekly basis for the students and staff of the head start program. A bi-monthly **newsletter** produced by the project staff members offers the community a variety of information-based articles and practical advice in promoting family and community wellness. The newsletter has become a source of tremendous pride as community members contribute photos, articles, and personal insights.

Evaluation and assessment of the project includes site visitations by researchers from the University of Kentucky's Multidisciplinary Research Center on Drug and Alcohol Abuse. The main tools utilized by the researchers are **site interviews** and the **Yupik Parent Questionnaire. Results indicating success** include a strong community feeling of empowerment and ownership of the project, a high level of pride in the newsletter and other activities, and improved levels of prevention-oriented attitudes.

Keys to success are based on being accepted by the village members and gaining their trust. These were accomplished through the use of a non-aggressive approach to involvement, a high level of respect for the culture, and beliefs and values of the village. Working to **empower** the local community members is an ongoing goal of the project, and was clearly evident in December of 1993 when a two-day Community Workshop featured more than a dozen village members presenting their own prevention topics.

Ashland, Montana
Northern Cheyenne and Crow Indian Nations

BAD: Braves Against Drugs

Contact:
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Focus Group: Senior and junior high school students

Feature: A youth leadership and alcohol and other drug abuse prevention program operating on a local and state-wide level.

Program Description:
The **need** for a youth leadership and prevention program was **identified** in 1987 by a parent support group in Ashland. The parent support group had been meeting for some time and identified various recurring concerns. The need to develop programs focused on youth and prevention emerged as the **leading issue**, with particular emphasis on leadership, developing positive role models, and establishing healthy peer group influence. Initially, the parent group served as a **planning and advising committee**, and sought out similar programs from other schools. At one point in their search they invited a youth group from another school to visit and share their school's program, outlining its process, objectives, and organizational structure. This visit and subsequent presentation resulted in the formation of Braves Against Drugs (BAD) at St. Labre Indian School.

The BAD program involves **two components**: **Teens In Partnership** for the junior high level student and **Teen Institute** for the high school group. The Teens In Partnership component is predominately **school-based** with a prevention focus attained through in-school growth groups working on self-care. Teen Institute, while entailing some school-based activities, is more statewide in its emphasis, as its goal is developing leaders for the future. **Funding** for the program is entirely composed of local fundraising and charity drives.

Both program components utilize **student growth groups** designed to enrich and strengthen individuals and relationships. Growth groups serve a **three-fold purpose** to promote: 1) personal growth of participants—emotionally, interpersonally, intellectually and spiritually; 2) a growth-facilitating style of leadership that promotes total group involvement; 3) a focus on current and future goal-setting, rather than on past failures and problems. The program works to develop a consistent balance for each growth group by emphasizing self-care and responsibility, developing and maintaining healthy relationships with others, and discovering a spiritual aspect of well-being.

While attending to the leadership development of youth participants, the program promotes **community service** in order to "give back to the community" what has been given to them. The **workshops** conducted by youth leaders have been held throughout the state, and cover such **topics** as tobacco use, domestic abuse, and alcohol and other drug abuse, which are offered under titles such as The Spiritual Youth and You, and The Circle of Life.

Additional **training** for staff and students includes attending summer camps held throughout the state on various reservations and communities. "The whole idea behind the camps is to get students working with other students on self-care, self-esteem, healthy risk-taking, positive decision-making, and quality natural highs," states Coordinator Nellie Speelman. Sweats and other ceremonies are discussed and are often included in the **healing** and **leadership development** of the participating youth.

Evaluation has been on an informal basis, and indicates a high level of success experienced by those who participate in the programs. Another **indicator of success** is a stronger commitment to lead healthy, drug-free lives felt among the youth and community members. The main indicator of success is the intense level of **engagement of youth** in the whole process of becoming a healthier nation. Being heard and attended to as a result of the leadership components has many youth excited about the future, which includes college and tribal leadership roles.

Busby, Montana
Northern Cheyenne Indian Nation

Project Morning Star

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Focus Group: Kindergarten through 12th-grade students

Feature: An alcohol and other drug prevention program that includes a school-based curriculum and additional services offered to students, families, school staff, and community members

Program Description:
Project Morning Star is a Center For Substance Abuse Prevention Demonstration Project serving the Northern Cheyenne school system in Busby, Montana A June 1991 **student and community survey highlighted the need** for an effective alcohol and other drug prevention program with a **cultural foundation** to be implemented throughout the K-12 school system The survey also **revealed** that respondents felt that the best method for developing resiliency skills in the children and families of the community was through the **enhancement of cultural aspects** directly related to health and wellness A **planning team** was formed to assess the survey results, prioritize needs, determine resource availability, and establish an action plan The **planning team** consisted of project staff members, representatives from the school and school board, parents, elders and traditional society As the development of the project occurred, **community alliances** were naturally established with alcohol and other drug (AOD) treatment programs, tribal government, family and health services, Northern Cheyenne Traditional Dance Group, and law enforcement This network of community services provided a wealth of resource allocation and support for future program activities and events

Project Morning Star lists **four objectives** as the guiding force behind program development **Objective one** is to *increase knowledge* of the dangers and consequences of drug abuse through multiple classroom sessions in grades K-6 Local police officers present consequences of use, testimonials from older students, and video presentations covering such topics as fetal alcohol syndrome and effects (FAS/E), coping skills for children of alcoholics, peer pressure, and the connections between AOD abuse and domestic violence **Objective two** seeks to *decrease the use* of alcohol and other drugs through the use of alternative activities, including five summer camps, hiking, swimming, fitness groups, and coordination with schools for AOD-free dances and social events

A **third objective** is to *increase self-esteem and improve school bonding* through the use of talking circles, non-competitive experiential games, a walking club with motivational rewards, picnics, and training for teachers and students on the "talking circle" process The **fourth objective** involves *increasing knowledge of traditional Northern Cheyenne culture*, accomplished through culture camps, traditional meals, a high school Indian club, a culture night held on a weekly basis throughout the school year, involvement of elders during summer camps, arts and crafts program for elementary students, and collaboration on a traditional mask pow-wow for Halloween

Services and activities of the program are developed within the framework of seven focus areas
1) *Recreational volleyball tournaments, a walking club, handgames, and dances*, **2)** *Experiential Education low risk challenge courses, self-empowerment, and new games experiences*, **3)** *Health and Wellness Education fitness consultation, substance abuse awareness and education, traditional language, arts and crafts, history, storytelling, drumming dancing singing, and prevention curriculum development*,
4) *Summer Activities camping events*,
5) *Individual Counseling behavior modification, abuse issues, chemical dependency and co-dependency, grief work, and support groups of identity and self-esteem building*, **6)** *Family Counseling communication skills, conflict resolution, parent support services, and referral assistance*, and
7) *Tutoring academic areas for students needing extra help* The staff of Project Morning Star works collaboratively as a team to provide a full array of services and assistance to youth, families, and community members to promote "Pevstamin Hist-Tse" (wellness)

To **evaluate** the program sign-in sheets, evaluation forms are utilized for all events and activities to monitor progress, assess impact, make adjustments, and strengthen areas of need **Indicators of success** include the "survival" of a turbulent first year with core staff intact and **working collaboratively** together, five summer camps successfully conducted without the use of outside consultants, various community activities that have been highly attended and successful, a full schedule of in-school prevention and intervention programs, and the continued construction of a new fitness center Any **keys to success** revolve around the guidance received from the elders who participate on the planning and advisory committees, who have emphasized a collaborative team approach, appropriate public relations work to alleviate negative rumors, and the constant attention to the cultural focus

Kingston, Washington
Port Gamble S'Klallam Indian Nation

Chi-e-chee Community Partnership Program

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Focus Group: All members of the Port Gamble S'Klallam Tribe

Feature: A collaborative partnership of agencies, programs, and services working together to develop and maintain a community-wide alcohol and other drug prevention program

Program Description:
Although **beginning** in September of 1991, the groundwork for the Chi-e-chee **partnership was established** through the formation of an Alcohol and Other Drug (AOD) Committee in 1987, which worked to prepare an alcohol plan for the Indian Health Service. The AOD Committee worked on tribal policies, alcohol-related court offenses, and appropriate referral systems, and sponsored community-wide events. Working together as a **planning team**, the AOD Committee and tribal prevention coordinator **designed** the Chi-e-chee Community Partnership with **funding** obtained from the Center for Substance Abuse Prevention (CSAP). The CSAP funding enabled the AOD Committee to **expand efforts**, and attract and train new community members for involvement in the overall partnership for a healthier community. The **initial planning** phase sought to establish firm support and involvement of the tribal council through a four-day retreat involving council members and their spouses, along with other invited community members. The retreat involved **training** about the connection between the historical trauma of Indian people and alcohol's abusive effect on the individual, family, and community. It was the first team of trainees who adopted the term, Chi-e-chee or "Doers," and committed themselves to working for community wellness through expanded prevention activities and providing support to those individuals involved in alcohol treatment programs. This support is provided both during and after treatment. The first committee also committed itself to recruit another group of community members to go through the retreat-based training. As of this writing, 60 people have been trained, with 46 of those maintaining an active status as Chi-e-chee members.

Community alliances have been established and provide the integrity behind resource collaboration in planning, implementing and supporting community programs and activities Essentially, staff from nearly every reservation program have participated in the **training** and utilize the information in their realm of work. The court system, alcohol treatment program, community health program, churches, social and mental health services, Indian Child Welfare, youth services, housing, and family and community members are part of the networking and **alliance-building partnership**.

Key components of the Chi-e-chee Partnership feature *team trainings on substance abuse prevention and intervention, and community-wide events to promote healthy interaction, such as the annual drug-free Pow-Wow, Christmas party, honor dinners, Alcohol Awareness Day, and S'Klallam Day.* **Other components** include monthly Chi-e-chee planning meetings to identify strengths and weaknesses in the program, strategize future work, a Youth Council that coordinates youth activities, two family activities each month, and special training as needed. *One of the more significant and special events held involved 22 tribal members participating in a gathering of Indian nations from the U.S. and Canada. This event featured all 22 members taking the tribe's 35-foot canoe on a 500-mile journey to Bella Bella, Canada, to join the gathering of 10 other Indian nations.*

An outside **evaluator** initially gathered **baseline data** from the police department, treatment providers, and education programs. A community and student **survey** was conducted at the end of the first year, along with a key informants' questionnaire to determine level of clean and sober adults and youth on the reservation. The initial survey conducted in 1993 estimated clean and sober adults at 103 (41 higher than a 1986 survey), 15 youth consistently involved in Youth Council activities, and 46 people confirming their desire to keep working for a clean and sober community. The staff maintains a **data collection** system which compiles relevant information every 6 months.

Special strategies utilized by the Chi-e-chee Partnership include the involvement of the Tribal Council from its establishment, developing and providing a common vision and experience through a four-day retreat format, focusing on healing the individual, family and community, involving users and non-users in the process to avoid creating a divisive barrier, and **engaging the elders** whenever possible.

Seattle, Washington
Multiple Indian Nations on an International Level

NANACOA
National Association for Native American Children of Alcoholics

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Focus Group: Professionals and others interested or involved in working with Native American children of alcoholics

Feature: A nonprofit organization providing substance abuse education and training focused on the well-being of Native American individuals and communities

Program Description:
Initiated in 1988, the National Association for Native American Children of Alcoholics (NANACOA) organization was formed by a group of concerned individuals who saw a **need** for children of alcoholics (COA) issues to be addressed from the Native American experience. Founding President, JoAnne Kauffman, recruited and implemented a **planning team** of administrators, directors, psychologists, counselors, teachers, prevention specialists, community leaders, and parents. The planning team laid the groundwork for the **vision, mission and goals** of NANACOA, to be accomplished through a far-reaching community alliance network that stretches across the United States and Canada to provide substance abuse education, training, and information dissemination.

A Board of Directors established the following **four major goals** for the organization: **1)** *establish a national network for Native American Children of Alcoholics;* **2)** *develop educational and supportive information for Native American communities;* **3)** *hold a national conference for Native American Children of Alcoholics and others working in native communities to come together to heal and recharge our energies;* and **4)** *inform local and national policymakers about the needs of Native American Children of Alcoholics and influence positive change toward healthy communities.* Through the development of an international movement, NANACOA members are actively achieving the organization's goals. As stated in a NANACOA brochure: "Our coming together is a living memorial to our elders. The time has come to acknowledge who we are. The time has come to put away the negative influence of drugs and alcohol and to bring along our richness as a people, in memory of our elders."

The established international **community alliances** include alcohol and other drug treatment programs, tribal government, state and local Indian education programs, family, health and social services, the media, Title V/Johnson O'Malley programs, schools and school districts, and volunteer groups. Each of these groups share the goal of **working collaboratively** towards alcohol/drug-free communities and healthy lifestyles. In order to accomplish their goal of becoming alcohol/drug-free and healthy, participating organizations and individuals must acknowledge the need for healing of self in order to be healthy role models, parents, leaders, etc., in the community. NANACOA offers the **means to accomplish** this goal by providing training, a newsletter, and technical assistance that address the effects of intergenerational alcoholism with a message that healing can happen.

Components of the program feature a broad array of strategies, programs, activities, and materials. NANACOA hosts an annual **national conference** to address Native American Children of Alcoholics issues, concerns, and support. Also, **training materials** have been developed targeting the prevention of intergenerational alcoholism. Additional training materials are available as a result of a contract with the Center for Substance Abuse Prevention Program and include the following products as part of the substance abuse prevention campaign. The *RESPECT Handbook: A Guide for Helping Native American Children of Alcoholics* assists adults who want to effectively help young Native American COAs. *The Healing Journey: Hope for Children of Alcoholics* is a 30-minute video.

Training provided by NANACOA is both intensive and healing, and includes a training manual entitled *From Nightmare to Vision*. This five-day intensive training is designed to address the physical, emotional, social/cultural, intellectual, and spiritual elements of the individuals who attend.

During each annual conference, **evaluations** are compiled to help determine the needs and strengths of the event. A **tracking process** to monitor membership is in progress, and educational materials are reviewed extensively. **Indicators of success** include personal statements from evaluations of training participants who have found the information useful in their personal and professional lives. Continual requests for more trainings, information and materials, support groups and regional conferences further indicate success.

A **key strategy** of NANACOA is relaying the message that recovery and healing can take place from the grass roots level and successfully address the intergenerational effects of alcoholism and other types of trauma. **TEAMWORK** is a bottom line to the success of NANACOA because everyone has skills, knowledge and experience to offer.

Elko, Nevada
Western Shoshone and Paiute Indian Nations

Vitality Center MOMS Program

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Focus Group: Mothers, mothers-to-be, and/or their children

Feature: As a service component within the Vitality Center Treatment Program, the MOMS Program provides medical care, treatment or social services, educational assistance, mental health services, and life skills training for pregnant and post-partum teens/women and their children

Program Description:
Located amidst the comforting setting of the Ruby Mountains and the Humbolt River Valley meadow lands, the Vitality Center serves as a primary treatment facility for the Western Shoshone and Paiute tribes The Vitality Center **began** as an outpatient clinic in 1971 and implemented a residential component in 1979, followed by a social model detoxification program in 1982 Male resident clients are housed in a 28-bed facility, while female clients reside in a two-story home two miles from the primary facility A Teen Discovery adolescent program was established in 1990, and the **MOMS Program,** the most recent addition, **was implemented** in January of 1994

The **goal** of the MOMS Program is to **reduce/eliminate substance abuse and related problems** before, during or after pregnancy **Service** provision includes a sustained continuum of comprehensive therapeutic interventions, including a wide array of substance abuse, health, education, and social services assistance

The MOMS Program is comprised of **five service components** The **medical component** offers prenatal care, psychiatric evaluation, OB-GYN services, child development and growth testing, family planning, nutrition, and HIV/STD testing, and referral A **treatment/social service component** features individual counseling, group and family therapy, vocational and recreational therapy, crisis intervention, child care, community referral and followup, social networking, assessment and referral, and family of origin background exploration The **education services component** provides an adult education program, advocacy/school, and alcohol and other drug training The **mental health services component** includes psychological testing, physical/sexual abuse/incest issues, women's issues, relationship issues, and sexuality A **final component** includes living skills services, and provides training in parenting, home/money management, communication skills, transportation, hobbies, and employability.

Upon admittance, each client requires an intake/evaluation by a counselor, a physical examination, evaluation of nutritional/medical needs, and a minimum 24-hour surveillance for detoxification. This is followed by an **individualized treatment plan** developed by the client and counselor, which includes educational testing so a certified teacher can develop a program specifically tailored for the mom. In order to provide the services and support described, **community collaboration** and **alliance-building** with various providers such as doctors, the Elko County School District, the Elko County Family Resource Center, Community Health Nursing, mental health professionals, hospitals, various law enforcement and social service agencies, other treatment programs, and school districts from throughout the state and region have been established and offer tremendous support to the program. Civic groups, such as Kiwanis and Soroptomists, donate regularly to the Vitality Center, as do local mining groups. Regular media coverage provides good public relations, mostly through the local newspaper.

Evaluation of the MOMS Program is based upon an Annual Program Operations Review. The Operations Review **examines** the appropriateness of services, the degree to which goals and objectives are being attained, use of services, program, and service accomplishments, problem areas, use of outside services, four quarterly statistical reports, and fiscal accomplishments. The Vitality Center also participates in the **Center for Substance Abuse Treatment, National Treatment Improvement Evaluations Study**, the Client Data Survey, and the Addiction Survey Index. An additional aspect of evaluation includes **long-term followup** by the treatment director, which indicates that Native American clients respond especially well to Vitality Center's treatment strategies.

Indicators of success reflect that clients have made better adjustments to jobs, the school environment, and family situations. Although relatively new in scope, the MOMS Program is already showing **signs of success**, and is determined to demonstrate long-term, positive results in the clients and community.

Wapato, Washington
Yakima and Warm Springs Indian Nations

Wapato Indian Club

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Wapato Indian Club
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Focus Group: Middle and high school age students

Feature: A student organization designed to provide support and assistance through cultural and social activities, events, and a networking system with other American Indian students and groups. Special cultural performances are a main function of the club.

Program Description:
Wapato Middle School Counselor Sue Rigdon **founded** the student club in 1973 as a response to student concerns over the **need to provide a positive environment** for Indian children with similar interests. The Wapato Indian Club began as an unchartered club, particularly due to the national turmoil and social unrest within the American Indian community. It **gained charter status** in 1976 with 23 registered student members. A **planning team** of students, parents, and elders worked with Ms. Rigdon to establish a framework for the club's operation and purpose. From those beginnings the club has grown to include 194 members, including 95 and 18 active performers at the middle and high school levels, respectively. While the main body of student membership includes children of Yakima and Warm Springs lineage, there are a good number of non-Indian students of Filipino, Caucasian, and Hispanic descent.

The original **goals** from 1973 continue to hold true for the students of today, to *build self-esteem, promote a belief in "self," instill pride in the Indian Heritage, develop a positive attitude toward academic achievement, establish active involvement in school functions, and promote good citizenship.* **Cross-cultural understanding** is an underlying value permeating the club's organization. Ms. Rigdon encourages the students of the Wapato Indian Club with an *unconditional love* to present their performances with pride and respect, while maintaining a reverence for the teachings of the elders.

Performances featuring traditional Indian dance and sign language have become the **premier aspect** of the club, while informal sessions with elders provide a source of guidance and inspiration for club members. With an **identity** linked to being the "messengers of the healing generation," Wapato Indian Club members perform with dignity those songs, dances, and sign language interpretations which have been "gifted" to them by the elders through encouragement and support from parents, friends, and community members. The **dances and songs** presented are drawn from throughout a wide region of the United States and Canada, as well as the Columbia River Basin. Many of the songs are vocalized in Indian languages or non-translatable **messages from the heart.** The sign language interpretation performances come from a variety of northern and southern Indian tribes. Dedicated "messengers," the students spend countless hours and days practicing and perfecting their performances. All performers have a sense of their own unique ties to their ancestors, or to the ancestors of the American Indian. Their performance and presence reflects **tremendous pride, dignity, poise, and confidence** as ambassadors of the American Indian people. The club performs for schools, conferences, ceremonies, and community gatherings to **promote cultural understanding,** brotherhood, peace, environmental care, and traditional Indian values.

Indicators of success for the Wapato Indian Club are reflected in the students' attitudes. The students are proud to represent American Indians and consider the outfits, dancing and performing as a beautiful and spectacular opportunity to be among the best. Students assert that their **involvement** in the program will allow them to enter adulthood "educated, intelligent, modern Indians, yet tied to strong traditional values and knowledge of our heritage."

Data collection includes records of grades, attendance, school involvement, and discipline referrals. The **evaluation** of these records *indicates an increase in grade point average, attendance, and school involvement, while discipline referrals have decreased.* Another **indicator of success** was the selection of the Wapato Indian Club to perform the opening ceremonies for the International Society for Music Education World Conference in Tampa, Florida in the summer of 1994. They will also perform for the DeKalb International Choral Festival and Stone Mountain Theater, both in Atlanta.

Keys to the success of Wapato Club members are built upon the unconditional love and acceptance of the students, along with high expectations, strong and clear values, and consistent, strict rules and guidelines.

Bellflower, California
Various Indian Nations in an Urban Setting

American Indian Alcohol and Substance Abuse Prevention/Education Project

Contact:
Ms. Peggy Barnett, Director
Department of Behavioral Health
American Indian Clinic, Inc.
9500 E. Artesia Blvd.
Bellflower, California 90706
(310) 920-7227, Ext. 38

Focus Group: Kindergarten through 12th grade students and their families.

Feature: Providing American Indian youth and their families with tobacco, alcohol, and other drug abuse prevention education and alternative activities, including school curriculum, teacher in-service, community workshops, Pow Wows, and other cultural events.

Program Description:
The program **began** in April of 1990 following a response from various organizations expressing a **need** to expand services to Indian people, specifically to address alcohol and other drug abuse issues. A **needs assessment** was conducted utilizing existing research on American Indian people and substance abuse on a national and local level. Additional data were provided by a **local survey** administered by the Mental Health Project of the American Indian Clinic (AIC). All results and data collection **confirmed** the troublesome nature and severe extent of tobacco, alcohol, and other drug abuse related problems among Indian people. **Survey results revealed** that educational programs and groups were the largest and most likely to utilize clinic services, and a need to develop a focus of prevention/intervention work and service to be offered and delivered to American Indian people. Seeing these needy areas as representing gaps in service, Peggy Barnett, director of Behavioral Health at AIC, generated input and ideas from the large number of community-based committees and groups with whom she was actively involved. Individuals from various committees served as an **ad-hoc planning team**, and provided the needed input which resulted in the authorization of **funding** by Indian Health Service.

The American Indian Prevention and Education Project provides **outreach and presentations** to local schools and community organizations, sponsors and develops cultural activities, and produces a monthly newsletter. The **newsletter**, which is sent to local American Indian community members, governmental and community agencies, and offices serving Indian people, includes highlights of prevention research, cultural information, and a schedule of events, especially cultural and project-promoted activities.

An additional communication component is the **American Indian TV.** Developed and produced by program staff, American Indian TV is broadcast on cable access channels, and features substance abuse prevention information, as well as cultural events and activities.

Working on a variety of levels to establish **community alliances**, the project links with other agencies to assist or coordinate the delivery of activities, such as the Summer Youth Leadership Camps. The community alliance also advances the level of support and assistance with local ongoing events where elders gather and provide ceremonies, give presentations, and interface with the American Indian community. Regular **presentations** to a local American Indian continuation high school, along with **inservice workshops** on substance abuse prevention and cultural issues for teachers and staff, are part of the project's scope of work.

Indicators of success include an incredible increase in the number of people being served through the newsletter and television program. The mailing list for the newsletter has grown from 200 in December of 1990 to 2,150 as of May 1994, while the television program now reaches 1.3 million homes in the brief nine-month period since production began.

Evaluation of the program entails quarterly data collection related to persons receiving services, in addition to field testing curricula material. The evaluation compiles information related to client age, sex, type of service received, and number of contacts with each service area, which is then reported to Indian Health Service.

Keys to success include the project's focus on local concerns and population realities and expanding/adapting AOD prevention information and approaches to meet the needs of local communities. **Collaborating and networking** with other service providers, organizations, and programs has allowed an often overlooked population (urban American Indians) to be served by a full array of support and assistance programs. Identifying local needs and strengthening community collaboration have contributed to the project's ability to overcome obstacles related to resistance in the schools and other bureaucratic systems.

Bellingham, Washington
Lummi Indian Nation

Indian Aunt Program

Contact:
Ms. Barbara Revey, MCH/WIC
Coordinator
Lummi Indian Business Council
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Bellingham, Washington 98226
(206) 676-8373

Focus Group: Young pregnant women

Feature: Providing a positive role model, advocate, and mentor for young pregnant women through a relationship with an older "auntie" in the community.

Program Description:
A 1991 **needs assessment survey** of prenatal patients **revealed** a high percentage of the patients were at high risk for substance abuse problems. The **need** for a prevention program focusing on young women, pregnant or not, became very apparent from the results of the survey, confirming a general feeling that this young population was not being provided with adequate care and/or support.

The Indian Aunt Program was initiated to **promote positive outcomes of pregnancy through** the establishment of a mentor-type relationship between a younger woman and an older, healthy woman in the community. Based upon the knowledge that in Indian country all family members are equally important and each person has a role, an "auntie" has the role of sharing her knowledge and wisdom about trust, respect, nature and harmony, and health.

Following the 1991 survey, Barb Revey, Maternal Child Health and Women Infants and Children (MCH/WIC) coordinator for the Lummi Indian Nation, formed a **planning team** which included a public health nurse, a pediatrician, and various MCH staff. The planning team applied for and received **funding** for the Indian Aunt Program through a grant from the March of Dimes. As the planning team worked to develop the program, various **community alliances** were formed with a tribal alcohol/drug treatment program, family and health services, schools, and volunteer groups to work toward a more impactful collaborative system of service delivery.

Identifying and recruiting women to become "aunties" was an initial focus for the group, followed by establishing guidelines and operational procedures for involvement. Once an "auntie" is recruited she becomes a member of the **prenatal care team** for her "niece." The prenatal care team includes a representative of the tribe's alcohol and other drug treatment program which assists with referral to and/or transportation to a treatment program

The "auntie" helps her "niece" and other family members to become aware of and utilize all the resources available, such as the community food and clothing banks. Another **responsibility** of the "auntie" is to attend various workshops, clinics, and seminars with her "niece" to provide support and the assurance of quality prenatal care.

The **program provides** as much educational and life skill development as possible through the local school system and community service agencies. Through established **collaborative relationships** in the community, the Indian Aunt Program is able to coordinate and offer a variety of prevention-oriented seminars and other activities. A series of one-day prenatal **seminars** covering topics such as FAS/E, smoking, nutrition, labor and delivery, tribal enrollment procedures, self-care, and self-esteem are offered once per quarter.

Indicators of success include a reduced number of women consuming alcohol and other substances during pregnancy, and, because of outreach services available, there has been improvement in the appointment failure rate. The Indian Health Clinic provides the necessary methods to track appointments and attendance at seminars, and self-reporting of substance usage.

Great Falls, Montana
Various Tribes

Cherish Our Indian Children

Contact:
Ms Grace Fairhurst
Program Coordinator
Cherish Our Indian Children Project
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Great Falls, Montana 59401
(406) 761-3337

Focus Group: Pregnant women

Feature: A statewide prevention and intervention program providing support services and activities for pregnant women in order to reduce infant mortality rates and occurrence of fetal alcohol syndrome and effects

Program Description:
In the spring of 1993, a group of concerned individuals from throughout the state of Montana met to discuss the **needs** of pregnant women and prenatal exposure to substance abuse. This initial group of individuals represented the Great Falls urban American Indian population of 5,500, six other urban project sites, and seven reservation project sites. Although no formal needs assessment was conducted, the consensus from the group was to **develop a statewide health program** which directly **addressed the needs** of American Indian women who were pregnant and at high risk for abusing substances, alcohol in particular. In April 1993, the group secured **financial assistance** through the W.K. Kellogg Foundation, and began formal operations.

Once funding was secured and the program was initiated, a **statewide community planning team** was formed in order to provide input to program development, budget planning, and evaluation. The statewide planning team represents **community alliances** with strong networking abilities, because many agencies, organizations and cultural programs are involved. Tribal government, business and industry, alcohol and drug treatment, judicial system, schools, health and family services, religious organizations, media, and volunteer groups comprise the planning team membership. This **community alliance** building has improved the referral process and cross-cultural awareness within the various agencies.

A **key aspect** of the project is the **elders' coalition,** which provides valuable input to the cultural and traditional values of Native American parenting and the spiritual nature of being a mother.

Activities are planned on a monthly basis, and include potlucks, guest speakers and workshops, clothing giveaways, and meetings held by program participants to plan activities and provide input to the community coalition for program development. The participants are developing a program cookbook and an informational booklet containing stories of their experiences as single, young mothers and parents.

A **key feature** of the program is the weekly Talking Circle, wherein the program clients have the opportunity to talk, share, support, and openly encounter each other's problems, challenges, and successes.

The clients are in the process of developing an **educational panel** to share their experiences with other young American Indians as an awareness and prevention measure for pregnancy issues. Other **services** available to the clients include parenting classes, substance abuse, budgeting, nutrition, meal preparation, and shopping classes.

The Cherish Our Indian Children Project is currently serving 47 young mothers and three single fathers, all of whom express a positive experience with the program. **Evaluating** the project entails **data collection** from records provided through prenatal health care visits, which assess the quality of prenatal care, nutrition, client needs, birth statistics, and vital information. The records also provide information relative to substance abuse during and after pregnancy. To date, only one mother in the program has been involved in the use of any substance, which led to her baby's low birth weight and other health problems. One mother in 47 is a significant **measure of success** for the program.

Keys to success include the establishment of a trusting and caring atmosphere for the clients to feel that their best interests are central to the program. During the time period that clients are being provided health services, the program seeks to **empower the families** with the skills needed for self-sufficiency. **Another key** to successfully overcoming an obstacle of transportation has been the program's willingness to take the Talking Circle, as well as other activities, to the homes of the clients. This **flexibility** to respond to individual client needs is the foundation for success in the Cherish Our Indian Children Project.

Sacramento, California
Various Tribes Residing In An Urban Setting

Youth Alcohol and Drug Prevention Program

Contact:
Mr Gilbert Pasqua, Cultural Coordinator
Sacramento Urban Indian Health
Project, Inc
801 Broadway
Sacramento, California 95818
(916) 441-1095

Focus Group: Youth and their families

Feature: An alcohol and other drug prevention program designed to provide youth with a full array of education and alternative activities

Program Description:
The **need** to develop an alcohol and other drug prevention program **specifically addressing issues** facing the American Indian youth of Sacramento and Yolo Counties became very apparent in April of 1990 as more youth were becoming lost in the vacuum of substance abuse Mr Gilbert Pasqua, cultural coordinator for the Sacramento Urban Indian Health Project, initiated action by forming a **planning team** consisting of himself, the executive director of the project, and the director of the Leo Camp Alcoholism Program

The **planning team** actively sought and obtained funding for the youth program through a grant from Indian Health Services, then developed a **two-fold approach** to the program **One aspect** seeks to involve youth, along with their families, in a variety of cultural, social, and prevention programs, while a **second aspect** involves participants in educational programs focusing on substance abuse As the program developed, the planning team worked diligently to form local and statewide **community alliances** in order to provide the fullness of services envisioned by the planning team These community alliances include alcohol and other drug treatment programs, tribal programs, family and health services, the juvenile justice and court system, media, Title V and Johnson O'Malley programs, social services and volunteer groups, and the schools

The **community alliances** established by the planning team provide tremendous assistance with **identification of at-risk youth** and possible referral for treatment, media advertisement for events, statewide substance abuse prevention programs and a consistent message of health and wellness, educational programs in the school systems, and advocacy for youth within the juvenile court system

The Youth Alcohol and Drug Prevention Program **sponsors and provides** a variety of cultural, social, and prevention service **activities** for the youth and their families on a weekly basis. The program sponsors a youth group, youth beading class, youth crafts class, youth drum group, the Spirit Wind Dance Group, and a Native mural class. **Other feature aspects** of the program include a sweat lodge held twice a month, and a Native healer who works with the youth and their families once a year.

From an **educational and awareness** standpoint, the program provides alcohol and other drug abuse prevention presentations for schools, Indian education programs, juvenile hall agency and American Indian organizations in the Sacramento area. A yearly Pow-Wow is sponsored along with special guest speakers and entertainers, such as the Wapato Youth Dance Group, puppeteer Buddy Big Mountain, and singer Sharon Birch. Field trips are frequently scheduled to provide an additional forum to promote self-esteem, cultural pride, and an alcohol and other drug-free life.

Evaluating the program involves the completion of quarterly reports, in which all data are collected on a number of clients, activities sponsored, and level of success attained according to numbers in attendance and expectations met. Year-end reports describe all services provided and activities completed. The California Indian Health Service conducts a **bi-yearly evaluation** to monitor compliance with program objectives.

Indicators of success include an increase in the number of people using the program and an increase in general public awareness of the program throughout the Sacramento area. Another indicator of success is the increase in number of sobriety pledges made. Six participants made the pledge during 1992-93, which grew to 42 participants signing a pledge of sobriety for 1993-94.

Key to the program's success is the involvement of elders in the program's planning, evaluation and activities. The connection between youth and elders is a vital component in the transferring and teaching of traditional ways and healthy living. **Other keys to success** are establishing clear rules and expectations for the youth, taking a proactive approach to problem-solving by discussing potential issues beforehand and developing strategies for their solution, and attaining tribal administration support for the program. One **recommendation for success** offered by Mr. Pasqua is to plan a community potluck as a forum to talk about the alcohol and other drug problems in the community and using culture as a prevention tool. Community buy-in is the backbone of the program's success.

Inchelium, Washington
Colville Confederated Tribe

Interprofessional Case Management Program

Contact:
Ms. Virginia Leadercharge,
Case Manager
Interprofessional Case Management
Inchelium School District
Inchelium School
Inchelium, Washington 99138
(509) 722-7161

Focus Group: Kindergarten through 12th-grade students

Feature: A school-based program providing a school and community team of professionals in education, health, and social services to deliver integrated, coordinated services to at-risk students and their families.

Program Description:
Located on the east side of the Colville Indian Reservation, the community of Inchelium, with a population of 1,054, is geographically isolated and has high unemployment, escalating alcohol and other drug abuse, high rates of domestic abuse, sexual assault, and suicide. A **1992 survey** of parents, tribal program staff, county and state social and health service providers, teachers, and administrators **revealed a critical need** for an integrated service delivery program between education, community, social, and health service providers. The **issues revealed** through the survey included alcoholism, fetal alcohol syndrome, child abuse, neglect, nutrition, and housing. In response to the survey conducted by Washington State University Center for the Study and Teaching of At-Risk Students (C-STARS), Dr. Merrill M. Oaks, director of C-STARS, formed a planning team to assess the needs and begin program development. The **planning team** consisted of Washington State University faculty, Inchelium school board members, tribal mental health staff, Inchelium School teachers, administrators, and counselors. The **planning team developed** the Interprofessional Case Management (ICM) program with the **underlying philosophy** that schools alone cannot adequately address the multitude of social issues facing youth in the community, and that an **integrated service approach** will bring positive change for at-risk children and their families. With this in mind the planning team sought to develop **community alliances** with alcohol and other drug treatment programs, business and industry, tribal government and other tribal programs, civic groups, family/health/social services, juvenile justice and court system, other law enforcement agencies, media, PTA groups, schools, and volunteer groups.

Ms. Virginia Leadercharge, case manager for ICM, serves as the **central figure** for an interprofessional team of interagency human service professionals. She works diligently to enhance the collaborative partnerships to pool the collective efforts and deliver integrated services to targeted at-risk students and, as appropriate, their families. The Interprofessional Case Management program features **six components:** **1)** Assessment—ICM team members collaboratively identify causes of targeted students' difficulties, **2)** Development of a service plan generally including a mix of short-term and long-range services that are delivered both in and out of school by the case management team and the community service network, **3)** Brokering, wherein out-of-school services are sought out through pre-referral counseling and family outreach activities to help students and their families accept services, including accompanying the student and/or family members to their referral agency, **4)** Service implementation and coordination to assign an ICM team member to be responsible for the delivery of selected services onsite, and to ensure that all services to each student are working together for the benefit of the student and that appropriate communication is taking place among service providers, **5)** Advocacy to provide help for the student and/or families to negotiate with the many bureaucracies involved, assist and mediate student-family communication and conflict, and serve as a third party in conflict resolution with student/family and service providers, and **6)** Monitoring and evaluation for tracking services delivered to the student and family, monitoring the student's condition and emerging needs, making adjustments in service plan as needed, and documenting program milestones.

Evaluation of the program involves **five separate measures** of success to determine overall program effectiveness: **1)** student grades, behavior, and attendance measures; **2)** networking success of community agencies; **3)** attitudes of federal and tribal social service providers, **4)** parent attitudes regarding the efficacy of the program, and **5)** attitudes of teachers, school faculty, and school board. An additional formal assessment was conducted by Washington State University at the end of year one, along with a less formal and more personal assessment conducted on a daily basis. The **results of the evaluation measures** reveal several indicators of success. The program was found to be **highly effective** in reducing the major indicators of learners at-risk for school failure, and determined to be important in the networking of major educational, social, and health providers with families and community. Additional **results of progress** are indicated by an increase in family interaction and participation in social programs, school functions, and the willingness to trust and respect the efforts to advocate on the clients' behalf.

The **key to success** is respect: the respect of the ICM, self, and family, the respect for heritage and for all people, the respect of knowledge and a willingness to continue learning, the respect of sharing, and the ability to listen to others.

Bishop, California
Nine American Indian Nations in a Rural Area

Toiyabe Indian Health Project, Inc.

Contact:
Mr Orlando Aranaga, Director
Toiyabe Indian Health Project
P O Box 1296
Bishop, California 93514
(619) 873-6394

Focus Group: All ages

Feature: Providing a comprehensive alcohol and other drug prevention, and health promotion service delivery system

Program Description:
Providing efficient and effective services to nine tribal communities within a 14,000 square mile area is a task accomplished only through diligent formation and maintenance of a **collaborative network** of services, agencies, and programs **Beginning** in 1972, the Toiyabe Indian Health Project **was formed to provide** comprehensive and need-based health services to the tribal communities within the boundaries of the Sierra and White Mountains of east central California Through a **survey**, administered in 1972 to all the tribal communities and rancheritas, community members were able to voice their concerns over the need for a more appropriate and effective health care system which matched the needs of each community

A **planning team** was formed to assess the survey results and begin the process of developing a more effective health care system **Members of the planning team** represented Indian Health Service, the judicial and juvenile court systems, probation, the school systems, parents, community members, counselors, other medical and dental care professionals, and Toiyabe Indian Health Project administrators Initially, the planning team developed a network of **community alliances** in order to establish a **financial foundation** for program planning As a result, the planning team secured funding through Indian Health Services, the state of California, and federal government allocation **Community alliances** were formed with alcohol and other drug treatment programs, tribal governments and other tribal programs, the media, juvenile justice and the court system, social services, Title V and Johnson O'Malley programs, and other school system programs The establishment of community alliances provides the very foundation of comprehensive health care for the people living in the communities of Inyo and Mono Counties

Activities and services provided through Toiyabe include alcohol and other drug prevention and education, wellness promotion, and community development programs. The **referral system** has been improved greatly due to the ongoing collaboration of service providers who meet to discuss their own systems and processing needs. Therefore, clients are given more thorough assessment and service delivery overall. The formation of a Natural Helpers Program has provided tremendous opportunity for growth and leadership development among the youth, in addition to assisting the development of other peer-related programs.

Community presentations and potluck dinners are held periodically and offer a platform to address and provide information about substance abuse-related issues, as well as medical and dental health care, and other domestic issues. Special community events also allow community members an opportunity to openly discuss the health care system's strengths and/or weaknesses. Alcohol and other drug abuse **prevention and intervention educational workshops** are offered to the school systems and are provided by the various community alliance members. **Another feature** of Toiyabe is the support provided to those employees who wish to pursue a college degree program or certification for substance abuse counseling.

Community **surveys** continue to provide the Toiyabe Indian Health Project with the **evaluation data** needed to determine the level of impact it is having in delivering appropriate health care and other related services. **Indicators of success** include the vastly improved collaborative service network among various agencies and programs, which has resulted in an improved system of referrals for appropriate care. Community members feel more positive about the health care they receive, in terms of quality and personal service. **Another indicator of success** is the increase in referrals for health care from all communities within the program's service area. The **key to success** is grounded in the effectiveness of interagency collaboration and communication.

Seattle, Washington
Multiple Tribes in Urban Setting

I Wa Sil Youth Home

Contact:
Ms. Faye Bates, Program Director
I Wa Sil Youth Home
9010 13th Avenue, N.W.
Seattle, Washington 98117
(206) 781-8303

Focus Group: Youth, ages 12-21

Feature: A residential care program for homeless youth, with a transitional living program focused on independent living.

Program Description:
Located within an established residential area of the city of Seattle, the I Wa Sil Youth Home was **founded** in August of 1991. Although a **community survey** administered to the residents of the Crown Hill neighborhood **revealed** a concern about the impact the program would have upon the community, there was a general understanding among community members of the need to develop a program with a focus on assisting homeless American Indian and other minority youth. The **first priority** of the program was to obtain a facility, which was secured through a house that was formerly an adult treatment facility. During the fall and winter of 1992-93, the house was completely renovated to accommodate the needs of the youth and to fulfill specific state and federal requirements for group home living standards.

The **planning team** has remained the core group. It was initiated by Program Director Faye Bates, and includes the supervisor of case management and counseling, case managers, youth services coordinator, contract compliance manager, and participating staff and residents. The **planning team** has established a working relationship with several **community alliances** in order to facilitate the **program's objective of assisting youth gain educational, living, and vocational skills.** Organizations that are part of the **community alliance** include alcohol and other drug treatment programs, business and industry, tribal government and other tribal programs, civic groups, the juvenile justice system and other law enforcement programs, family/health/social services, religious organizations, the media, and local school systems. All of the actively involved alliance members work with I Wa Sill in many different ways, ranging from making and receiving referrals to/from the program, job training and placement, educational assistance, and cultural education, to providing resource support.

When a student is referred to I Wa Sil Youth Home, an initial psychological and social assessment is conducted to determine individual needs, and, with each student's participation, a treatment/service plan is developed and implemented. Each student is assigned a **primary counselor** whose responsibility is to meet with the student twice weekly and more, if needed. All activities and counseling sessions are geared toward **promoting wellness** among residents, as well as staff. **Daily activities** include an educational component of attending and completing school, full employment responsibilities, house residential chores, and daily living. **Other activities** include group sessions that address issues related to substance abuse awareness and prevention, health care, and cultural activities held within the program and in the Seattle/northwest Washington area. Emergency housing is offered for a 14-day maximum stay period. Another feature is the Transitional Living Program that focuses on independent living skills, and is an 18-22 month program.

Although all staff members had extensive backgrounds in social services, additional **trainings** were conducted to enable staff to meet the diverse needs of the youth in residence. The trainings were offered as in-house workshops, as well as local, regional, and national conferences and seminars. A focus of training pertained to policy and discipline issues, as the age range of residents is 12-21 years, and offered the staff a wide array of developmental issues needing flexible but consistent enforcement.

Evaluation of the program is conducted on an individual basis. Each student is **monitored** on a daily and weekly basis to assess level of behavioral, educational, and vocational progress. Residential staff meetings occur wherein all staff members and a student meet to discuss overall progress and determine if any changes need to be made to an Individual Student Plan. **Indicators of success** include residents finding and maintaining employment, continuing and completing an educational program, continued work on alcohol-and-other-drug-related workshops, and the achievement of independent living. One of the **keys to success** is the openness and honesty that exists between staff and student residents throughout the residential stay. Also, having the support of the local community neighborhood has proven vital to the continuance and success of I Wa Sil.

Midwest Regional Center For Drug-Free Schools And Communities

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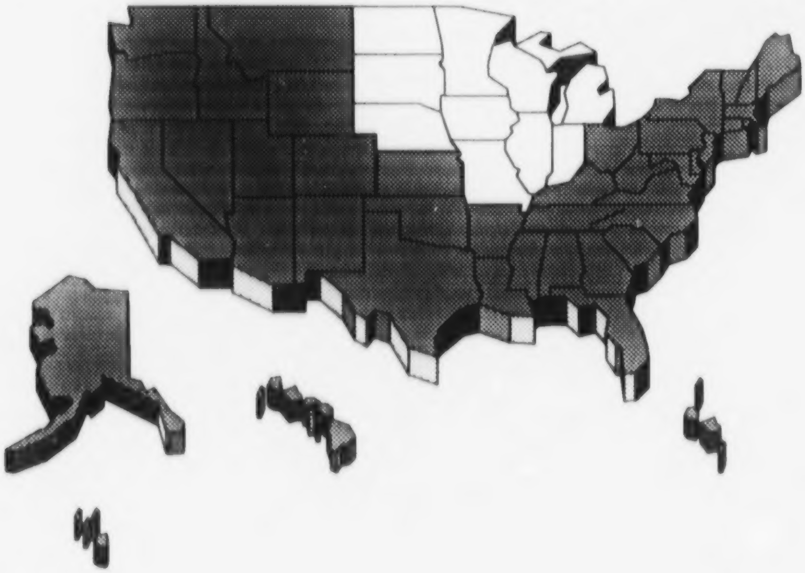
Indiana, Illinois, Iowa, Michigan, Minnesota, Missouri,
Nebraska, North Dakota, South Dakota, Wisconsin



Cass Lake, Minnesota
Leech Lake Band of Ojibwe/Chippewa

Bug-O-Nay-Ge-Shig School

Contact:
Ms. Patty Cornelius, School Administrator
Route 3, Box 100
Cass Lake, Minnesota 56633
(218) 665-2282

Focus group: Students grades K-12

Feature: Comprehensive student assistance program

Program Description:
The Bug-O-Nay-Ge-Shig School is located directly in the center of the Leech Lake Reservation. The students are affected 100 percent by generational abuse either directly or indirectly. Nine out of ten students have had contact with a mood-altering substance. It is estimated that approximately seven percent of the 545 students are chemically dependent. Inhalant use has been on the increase in younger children.

To address these problems the Bug-O-Nay-Ge-Shig School's **mission** is to offer the students the opportunity to develop a "Can Do" attitude, which will allow them to grow spiritually, physically, mentally, socially, thereby allowing them to soar, like the Anishinabe's sacred eagle, as wholesome beings in the worlds in which they live. The main focus of the staff's work is to implement the following major components:

1. To provide opportunities for students to understand culture. It is believed that if one knows and understands who they are, then they can begin to build on other important things in their life.

2. To provide opportunities for students to be aware of the hazards associated with chemical and alcohol abuse.

3. To provide a stable environment that is consistent and conducive to a learning atmosphere.

4. To provide a followup support program for students during the summer months.

The Bug-O-Nay-Ge-Shig School **T.A.O.D. Program** adheres to a drug and alcohol-free lifestyle. The specific components of the T.A.O.D. program include a comprehensive services plan and followup. Some of the activities include:

- Minnesota American Indian AIDS task force,
- National Association of Native American Children of Alcoholics training,
- Bi-monthly feast/potluck "Family Night" with a presenter/educator to

discuss youth and chemical dependency,

- Summer support and leadership program for "high risk" students
- Weekly talking circles and support groups,
- Staff and student prevention education and awareness; and
- Red Cliff Drug Prevention Curriculum

Many T.A.O.D. **activities** are planned each year, which are now extending to other schools on the Leech Lake Reservation. A current team effort with local Cass Lake, Bena School District #115 is underway to plan and implement drug-free parties and extravaganzas. These activities are a community effort with parents and faculty working together.

One of the keys to this **community's success** is the Anishinabe way of life, which is drug-free. Not only does the drug program hold this drug-free lifestyle philosophy, but so do the teachers, staff, and community. They believe they are **one family**. The school has utilized a family group time each morning. On a daily basis, students and staff meet to discuss concerns and prepare for the school day. The programs established are comprehensive in scope and range from **daycare** to **individual therapy**. The services are readily available to any of the students who need them. Students have direct access for individual, group, and mixed group counseling.

Howes, South Dakota

Takini School

Contact:
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Takini School
HC77 P.O. Box 537
Howes, South Dakota 57748
(605) 538-4399

Focus Group: Preschool through 12th grade

Feature: Curriculum and extracurricular prevention activities

Program Description:
The Takini School, funded by the Bureau of Indian Affairs, is located on the Cheyenne River Indian Reservation and serves 275 preschool through 12th-grade students who reside in three nearby communities. A majority of the residents/students are enrolled members of the Cheyenne River Sioux Tribe, or other tribes. Takini is the Lakota term for "survivor" of the Wounded Knee tragedy. The survivors today are battling alcoholism, illiteracy, poverty, and isolation. Residents have maintained a lot of the unique Lakota values, traditions, and spirituality despite the chronic onslaught of alcoholism and drug abuse.

Takini School's **mission** states, "The Takini School is the dawn of a Lakota culture-based school providing a quality education and incorporating local history to develop a sense of self-esteem and pride in the students. Takini is a center that promotes unity and planning to empower students to handle the choices and challenges of the 21st century, both on and off the reservation.

The **drug prevention and safety program (Heartroom)** offers a culturally appropriate method and process for effectively dealing with the unique cultural, spiritual, and other needs of youth, with a focus upon the traditions of family. The major component of Heartroom is a focus upon the Seventh Direction, a holistic balance in living a drug-free lifestyle. It utilizes the Red Road Approach to Recovery, developed by Gene Thin Elk, which stresses a balance of self, others, nature, and the cosmos. It uses a consistent "process approach" delivery system, using the processing of feelings, emotions, and expressions of the student. The program uses staff "facilitators" to facilitate group and individual therapeutic activities which focus upon all aspects of alcohol- and drug-related experiences. The topic areas of prevention are related to self-esteem, values, nutrition, parenting, relationships, resources, wellness, communication, conflict resolution, suicide prevention, child abuse and neglect, and sexual abuse. The principles of the **"Red Road Approach to**

Recovery: Walking in Balance" are the following

1. An individual is made up of four basic essences spirit, mind, body, emotion
2. Traditional values and culture keep these essences in balance.
3. Traditional values and culture are timeless, and integrate with present lifestyles influencing Native Americans
4. The Native American person acts upon their cultural belief system and values for the benefit of the Nation
5. The Native American is an integral part of the Universe, spirit, nature, environmental influence, social systems, and self
6. The Native American is basically of Spiritual essence in thought, belief, and interaction with the Universe
7. The Native American's concern for group (family, clan, Nation) is as essential as the concern for self
8. Individual growth is measured upon the inner sense of well-being (peace) and benefit of all Native peoples
9. Right brain (affective, creative, spiritual) hemispheric learning is essential for Native American awareness and investment in self
10. Color, movement, and sound are essential to reach the Native American, to enable seeing, feeling, and experiencing learning
11. Earth time is a time of making relations, learning how to interact in harmony with all of the universe, and a time of transition
12. Native American people must be constantly in harmony with the Sacred Seventh Direction

The specific objectives of the Heartroom program are to

1. Develop knowledge and affective substance abuse curricula based on the Red Road and Heartroom concepts,
2. Improve the learning time-on-task behavior of the students,
3. Improve students self-concept and pride in being able to cope with and say "no" to substance abuse,
4. Disseminate materials throughout the school, homes, and community, and
5. Work with other agencies (Social Services, DARE, law enforcement) to identify and remove any drug sellers and users from the school and communities

Takini School offers students Al-a-Teen, Students Against Drunk Driving (SADD), DARE programs, drug-free athletic, creative, and other activities, and Youth 2000, which provides opportunities for students to interact with peers from other schools to develop leadership and creative activities, as well as drug-free activities

An open line of communication is present for parents and other community members to provide input, recommend changes, and support improvement Parents and other community members are offered the same training in topic areas that students and staff are receiving The school also hosts and sponsors a wide range of frequent afterschool activities for members of the total school community This has increased a sense of "community bonding," and provides a strong, supportive, drug-free environment which can be shared by all

Southeast Regional Center for Drug-Free Schools and Communities

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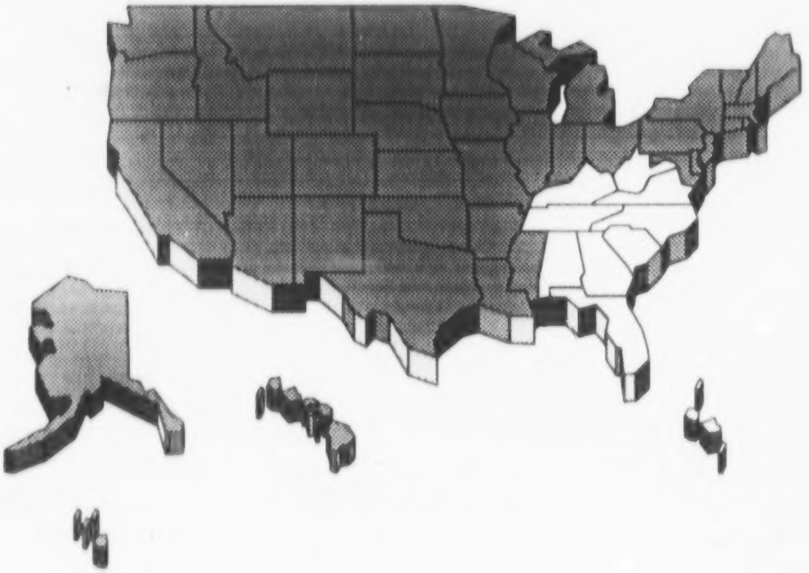

Ridgeville, South Carolina
Edisto Natchez Kusso Tribe

Camp Edisto

Contact:
Ms. Cathy Nelson, Director
Camp Edisto
Edisto Indian Tribe
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(803) 871-2126

Focus group: Youth ages 6-18 years

Feature: A five-day camping experience focusing on alcohol and other drug prevention, wellness, and cultural awareness.

Program Description:
As an outgrowth of the Edisto Connection Prevention Program (featured in Volume I of *An Eagle's View*), Camp Edisto extends alcohol and other drug prevention concepts established through the first two years of Edisto Connection. As part of the evaluation component for Edisto Connection, **a survey** administered in the summer of 1993 to the adults on the tribal council and Pow-Wow committee, Edisto Connection Youth members and Edisto Tribal Youth Dancers, **revealed additional needs** not being met through the Connection Program. The **survey revealed** that youth were getting involved with alcohol and other drugs because of **1)** negative perceptions about themselves, **2)** lack of cultural identity, and **3)** a lack of wholesome recreation for youth in all four major communities where Edisto people live. Following the results of the survey, a **planning team** was established to begin the process of meeting the needs outlined in the survey. Members of the planning team included representatives from the Adults on Pow-Wow Committee, Youth in Edisto Tribal Dancers, participants of Edisto Connection, Dorchester County Alcohol and Other Drug Commission, tribal government, and local government summer food program. Cathy Nelson, an Edisto Tribal Council member, coordinated the initial activities and direction of the planning team.

The planning team members, most of whom already had skills and experience in operating successful camps and camping schools through the National Camping Schools Program, concluded that **efforts currently needed to focus on** the development of a camping-type program as a means of **meeting the needs** outlined in the survey. In order to accomplish a successful camping program, the planning team worked to form strong community alliances with the alcohol and other drug prevention and intervention programs, tribal government and other tribal programs, family and social services, the media, and religious organizations.

The **community alliances** forged by the planning team provided the very foundation upon which Camp Edisto was able to build a successful collaborative program. Dorchester County Alcohol and Drug Commission provided assistance with prevention programming, planning, staffing, and resource assistance. The tribal programs, including tribal government, fully endorsed the program in addition to offering leadership and other support. **Family members** of involved youth **assist** with transportation and **donate** time and resources, and the local media has written several articles on the various programs, including a full-page story on the camp itself. A major **funding source** for Camp Edisto is a Charleston-area church, and the Department of Social Services offers a summer feeding program to reduce costs tremendously.

Activities included during the five-day camp include a nature trail hike to identify trees and plants and specify their practical usage, the study and making of native pictographs, water safety (taught by the Red Cross), the making of shirts (warrior or ghost shirt style), the making of fire, tanning hides, archery and arrow making, traditional music and dance, the telling of legends, and exploration of ancient Indian Oyster Mounds that are between 2,000 and 4,000 years old. The **field trips** provide the youth with opportunities to share their learning and culture with others from local churches, an air force base, and the Grandma Littlebird Memorial Pow-Wow.

Evaluation components include formal and informal methods of data collection. To evaluate the level of success and direct program impact upon participants, written evaluations were utilized at the end of the extended five-day camp and at the end of a followup field trip. **Observational data** were used informally to assess the level of involvement of youth in organized cultural activities. **Indicators of success** include an increase in participation by youth in after-school tutorial programs conducted in each of their respective communities, and an expanded level of age grouping to accommodate the large numbers of participants by having activities targeting five-to-10- and 11-to-18-year-old youth. *Youth who have participated in the program are displaying a more assertive attitude in seeking out opportunities for learning, participation, and involvement in community activities.* Finally, a high degree of positive feedback has been written about the program through the youths' written evaluations, reflecting growth in self-esteem, cultural awareness and pride, and a general sense of feeling important and valued by the group and community.

Keys to success are grounded in the need to develop a collaborative relationship within and around the communities being served through the program. The ability to gain the **commitment of adult leaders** who possess a knowledge of cultural history and are positive role models of American Indian heritage and pride is crucial to the success of Camp Edisto. At a practical level, obtaining the support for food and transportation assisted tremendously in reducing program cost.

Hollywood, Florida
Seminole Indian Nation

STEP Program
Seminole Tribe Empowerment Partnership

Contact:
Ms. Diane Diaz, Coordinator
Seminole Tribe Empowerment
Partnership
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Focus Group: All age groups community-wide

Feature: A community wellness program utilizing prevention teams to empower healthy choice decision-making and collaborative networking to organize substance abuse prevention and cultural promotion activities

Program Description:
Through a grant from the Center for Substance Abuse Prevention (CSAP), the Seminole Tribe **began a process** of addressing the health and wellness needs of tribal members living on five reservations in south and central Florida. While no formal assessment was conducted to determine the various needs, a **planning committee** representing each community worked together to **assess the needs** as perceived by the group. The planning team, comprised of an executive committee and local community prevention teams, identified several areas of need which could be addressed through an alcohol and other drug abuse prevention program.

The **needs identified** by the planning team included improving youth and family involvement, coordination and collaboration of tribal programs, cultural and traditional pride and values, self-esteem and confidence, and individual/family wellness. In order **to address the identified needs in a comprehensive manner**, the planning team recruited for and expanded the membership of each community prevention team. This allowed the representation base to broaden and increase the level of collaborative networking among the various programs within the five communities serving members of the Seminole Indian Nation. The executive committee serves the program as an **advisory board,** maintaining an overall view of the program, goals, and objectives. This allows the **local community prevention team** to plan, coordinate, and implement activities and events uniquely tailored to their community members.

Community prevention teams meet on a monthly basis to **assess needs and plan activities** based upon the mission of the STEP Program to help create an alcohol and drug-free tribe. Reflecting the needs assessment further, the **goals and**

objectives of the program include motivating individuals and communities to become healthy, emphasizing youth involvement, and increasing the collaboration of tribal programs. To accomplish these goals and objectives, the STEP Program focused on sponsoring alcohol- and other drug-free events, coordinating tribal program activities, education and awareness training, and developing resource materials and technical assistance information.

Through the development of **community prevention teams**, each reservation community is actively preparing its members with the skills and knowledge to reduce risk factors. This **empowers people** to find solutions to local problems through tribal programs and communities **collaboratively working** together, and developing and organizing prevention awareness activities to educate, train, and involve community members. **Training** offered for the prevention teams and interested community members was conducted by CSAP, the Gathering of Native Americans (GONA), University of Oklahoma Wellness Program, and locally planned community retreats.

In order to facilitate a more collaborative network, the STEP Program successfully formed a number of **community alliances.** The alliance network includes the alcohol and other drug treatment programs, tribal government and other tribal programs, family/health/social services, juvenile justice system, HUD resident groups, religious organizations, the media, parent groups, and all area school systems. Staff members representing each of the participating programs are selected to attend the monthly meetings in order to **share information** on programs, events and activities, as well as coordinating resources and support for the improvement of activities and services.

Activities include alcohol and other drug (AOD) awareness workshops, youth involvement activities, elders teaching native language classes, cultural events with an alcohol- and other drug-free message, clan gatherings and Pow-Wows, and classroom presentations on issues related to substance abuse and wellness.

Indicators of success include an increased level of awareness throughout all five communities about the Seminole Tribe Empowerment Partnership, more community members attending STEP activities on a more frequent basis, an improved level of **collaboration** and information sharing among the various community programs, and a general openness of people seeking and finding the help they need for their problems. **Evaluation** methods STEP employs include interviews, observation logs, and community surveys.

The **key to success** in overcoming the challenge of connecting five different reservation communities is the willingness to focus on cultural activities as the foundation for lifting up a community, including the utilization of elders in sharing their wisdom and language. Staff turnover has been high, but the involvement of community members through the prevention teams has allowed a constant thread of connection to remain in place, thereby maintaining a significant level of involvement in the program.

Lumberton, North Carolina
Lumbee, Tuscarora, and Haliwa-Saponi Indian Nations

Project Phoenix

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Project Director
Project Phoenix
Center For Community Action
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Focus Group: American Indian and African American youth.

Feature: Focusing on strengthening four areas of youth development: youth leadership, healthy lifestyles, cultural education, and spiritual education.

Program Description:
In 1991 a **county-wide survey** conducted by the Center For Community Action **revealed a distinct need** to develop a program focusing on alcohol and other drug abuse and criminal activity of youth. A **planning team** was established to **assess** the complete results of the survey and begin the strategy development for a youth-oriented program. Mr. Ron Ransom, cultural educator/researcher, facilitated the coordination of the **planning team**, which included representation from the Center For Community Action (CCA), youth groups, Lumbee Regional Development Association, Purnell Swett High School, R.B. Dean Elementary School, Pembroke Middle School, Burnt Swamp Baptist Association, parents, teachers, counselors, coaches and community members. Out of this planning team evolved the development of Project Phoenix.

Project Phoenix, **funded** by the National Crime Prevention Council in partnership with the Bureau of Justice Assistance, Office of Justice Programs, and the United States Department of Justice, is a church-led program that provides drug abuse education/prevention and youth leadership development programs. The program **focuses on** culturally-specific drug prevention, emphasizing the development of self-concept, self-esteem, self-motivation, cultural awareness, understanding, positive peer support, and alternatives to drug use and trafficking among low and moderate income youth. Citing the **need to address** the issue of racial and cultural tensions, the program involves the entire county's youth population, although the emphasis is upon the Native American youth.

In order to accomplish the program's **goal** of providing youth with positive development, **collaborative community partnerships** were established. Members of the primary partnership include Burnt Swamp Baptist Association, Rock of Ages Baptist Church, Green Pine Baptist Church, New Philadelphius United Methodist Church, Baptist Student Campus Ministry, Public Schools of Robeson County, Purnell Swett High School, Pembroke State University, Native American Resource Center, Pembroke Town Police, Pembroke State University Security, Pembroke DARE Program, Robeson County Sheriff's Department, Pembroke Town Council, Pembroke Housing Authority, Four County Community Action Agencies, Lumbee Regional Development Association, North Carolina Indian Cultural Center, and Palmer Drug Abuse Program

Activities and events of Project Phoenix include a community and youth campout held during the Lumbee Fall Festival, HIV/AIDS Awareness Month, Red Ribbon Week, Drug Awareness Youth Field Day, weekly youth council meetings to address issues related to substance abuse, youth and community Pow-Wows, traditional dance classes, tutorial assistance in science and math, youth and family meetings, and the Southeastern North Carolina Summer Youth Environmental Encampment. **The Environment Encampment** is part of a year-long program which engages young people, ages 14-22, in addressing environmental justice issues together as a network. The project has also developed **a comprehensive manual** based on youth participants' learning experience from participation in the church-based and crime prevention programs **addressing four main areas**: *Spiritual Education, Cultural Education, Healthy Lifestyles, and Youth Leadership Development.* The youth are also involved in many programs nationwide, and conduct local fundraising projects that enable them to attend special events and plan special trips.

Indicators of success include the network and coalition among seven Native American Lumbee Indian churches, the initiation and establishment of relationships between the seven churches and government agencies, implementation of well-attended weekly youth meetings, an increase in the number of activities and programs conceived and implemented by youth, weekly tutorial sessions, and the establishment of a firm foundation for the positive interaction within and among all county programs and service organizations. **Evaluation** of the project includes written surveys, activity attendance records, and monitoring the number of activities and organization interviews to assess the degree of satisfaction in the partnership.

Keys to success include the need to establish a foundation built upon a cultural base, youth engagement, and the inclusion of others' ideas, religions, and racial orientation. The **inclusion process** is helping to overcome internalized racism among many churches and organizations, as well as classism among people of the same race. Ensuring the engagement of youth at every point of the development and implementation phase is critical to any degree of success.

Northeast Regional Center for Drug-Free Schools and Communities

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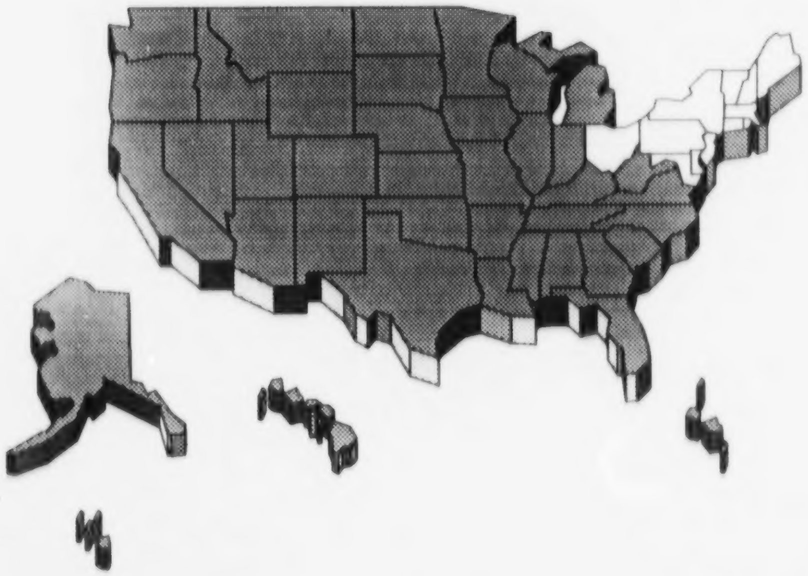

No programs were submitted from the Northeast Regional Center in 1994. If you are in this region and would like to be included in 1995, please contact your center as listed on the divider page.

Southwest Regional Center for Drug-Free Schools and Communities

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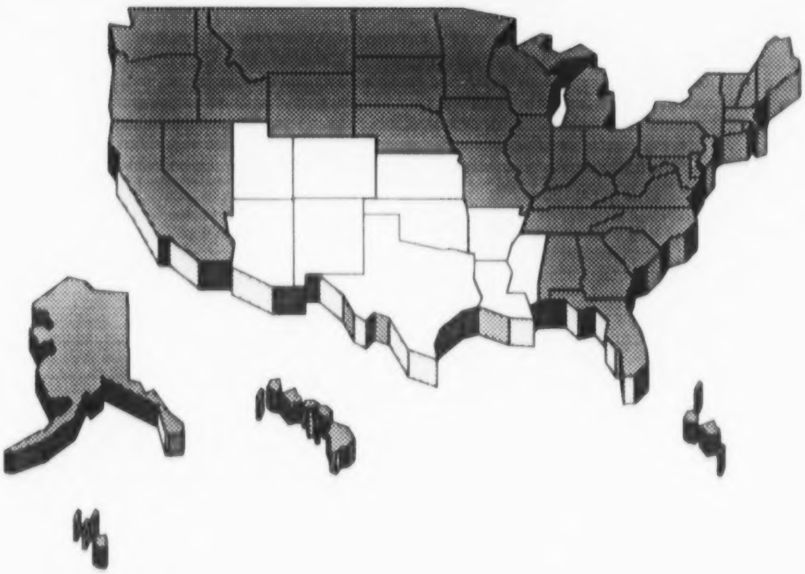

No programs were submitted from the Southwest Regional Center in 1994. If you are in this region and would like to be included in 1995, please contact your center as listed on the divider page.

An Eagle's View: Sharing Successful American Indian/Alaska Native Programs, Volume III

RECOMMENDATION FORM

The past several years have witnessed a surge of alcohol and other drug prevention strategies designed to build up healthier reservations, neighborhoods, schools and communities. Developed for and by American Indian/Alaska Native professionals and organizations, successful prevention programs are effectively engaging people and their communities in seeking to build and provide for a better future.

The need to share quality programs and information is vital to the furtherance of prevention and intervention efforts among American Indian/Alaska Native people. Designed as a collection of successful alcohol and other drug prevention programs, ***An Eagle's View, Volume III*** will be a resource of ideas and materials, in addition to expanding the networking capabilities to assist others in designing new programs or enhance existing strategies.

Please accept our invitation to help spread the word about successful American Indian/Alaska Native programs throughout the country. All recommended programs will be contacted by Center staff for additional information.

I would like to recommend the following Program/Practice for possible inclusion in ***An Eagle's View, Volume III***.

Name of Program/Practice: ______________________________

Contact Person: ______________________________

Address: ______________________________

City: ____________ State: ________ Zip: ____________

Phone: (___) ______________________________

Brief description of the Program/Practice and why it should be considered exemplary:

Submitted By:

Name: ____________________ Title: ____________________

Address: ______________________________

City: ____________ State: ________ Zip: ____________

Phone: (___) ____________ Date: ____________________

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